

Grampian Children Oral Health Improvement Action Plan 2024 -2029

Introduction

Oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential¹.

Prior to the Covid-19 pandemic, children in Grampian had been experiencing a significant improvement in their oral health status with a reduction in oral health inequalities. However, the pandemic had an adverse impact on children's oral health due to the restrictions on access to dental services and the cessation of oral health improvement programmes during the course of pandemic. In order to understand the extent of the impact of the pandemic on children's oral health, an oral and dental health needs assessment was undertaken with the aim of describing the oral health of children in Grampian, establishing their health needs and identifying gaps in the oral and dental health services for children and making appropriate recommendations to address these gaps.

A participatory co-design methodology was used in the needs assessment to ensure that key stakeholders involved with children's oral and general health, had an opportunity to contribute their expertise and views to the process.

The report published in 2024 highlighted key findings in terms of the burden of oral disease in children, the impact of the pandemic on service provision and the associated inequalities in terms of access to dental services in Grampian. The emerging challenges in relation to the reestablishment of the Childsmile preventative programme following the pandemic were also described.

¹ Draft Global Oral Health Strategy, World Health Organisation 2022.

Following a series of workshops with key stakeholders, a number of Grampian-wide priority areas were identified for improving children's oral health and wellbeing.

Highlights of the key finding of the needs assessment are presented in Appendix 1.

Vision

The vision is for universal access to high quality oral health services for children in Grampian including preventive services thus enabling them to attain the best oral health possible.

The strategic goal is to maximise access to an equitable and responsive oral healthcare system with a focus on prevention and reduction in oral health inequalities thus ensuring children the best start in life.

The strategic priorities of this children's oral health action plan are as follows:

1. Improve access and participation of children in dental services particularly in deprived communities.
2. Improve the uptake of the Childsmile programme in nurseries and primary schools.
3. Enhanced oral health promotion prior to/post general anaesthetic.
4. Closer collaboration of public health work streams on diet/child healthy weight and oral health.
5. Pre + Post-Natal Engagement (Parents and Children).
6. Improved data sharing with support from Health Intelligence.
7. Continued focus on oral health education.
8. Potential topics/areas for further research and exploration.
9. Tackle the wider determinants of oral health and inequality.

These priorities form the basis of an action plan for improving children's oral health in Grampian. The plan aligns with the three pillars of People, Places and Pathways of the NHS Grampian Plan for the Future. The focus on children, the emphasis on place based health improvements programmes and the intent to strengthen partnerships and pathways leading to equitable access to quality oral and dental health services is a testament to our ambition for the future of children in Grampian. The following table presents the improvement plan identifying specific actions and outcomes related to each of the strategic priorities.

Action Plan 2024-29

High level Aim	1. Improve access and participation of children in dental services particularly in deprived communities.	
Specific Actions	Outcomes	Lead and Collaborators
<p>a. Work with General Dental Practitioners (GDPs) to identify practices able to register children (0 – 5 yrs old) including those referred by Childsmile and Health Visiting teams.</p>	<ul style="list-style-type: none"> • Improved engagement with GDPs, Local Dental Committee and other stakeholders to improve access to dental services for children (0 – 5 yrs old). • Increased children’s (0 – 5 yrs old) registration and participation in NHS General Dental Services. 	<ul style="list-style-type: none"> • Consultant in Dental Public Health • Dental Practice Adviser • Dental Services Management Team • Dental Public Health Team • Childsmile Coordinators
<p>b. Engaging with the Local Dental Committee and GDPs to identify opportunities to improve access - working with contractors to show the material and financial benefit of delivering prevention.</p>	<ul style="list-style-type: none"> • Increased children’s (0 – 5 yrs old) registration and participation in NHS General Dental Services. • Increased levels of children (0 – 5 yrs old) receiving toothbrushing instruction and dietary advice from an NHS dentist. 	<ul style="list-style-type: none"> • Consultant in Dental Public Health • Dental Practice Adviser • Dental Services Management Team • Dental Public Health Team • Childsmile Coordinators

High level Aim	2. Improve the uptake of the Childsmile programme in nurseries and primary schools	
Specific Actions	Outcomes	Lead and Collaborators
<p>a. Develop a pathway between Childsmile teams and education sector, in each HSCP, to identify barriers to participation from establishments and work together to promote uptake of toothbrushing and fluoride varnish.</p>	<ul style="list-style-type: none"> • Enhanced engagement and partnership with educational and local authority partners to ensure children’s oral health remains a key priority. • Increased number of participating establishments in Childsmile core programme. 	<ul style="list-style-type: none"> • Childsmile Coordinators • Public Dental Services Clinical Leads • Dental Public Health Team
<p>b. Seek sustained improvement in uptake of Childsmile programme in education establishments particularly in deprived communities.</p>	<ul style="list-style-type: none"> • Develop targeted strategies to support educational establishments in the recovery and uptake of the Childsmile programme. • Increased number of participating establishments in Childsmile core programme in SIMD 1 – 3 areas. • Sustained reduction in oral health inequalities in Primary 1 children in Grampian. 	<ul style="list-style-type: none"> • Childsmile Coordinators • Public Dental Services Clinical Leads • Dental Public Health Team

High Level Aim	3. Enhanced oral health promotion prior to /post general anaesthetic	
Specific Actions	Outcomes	Lead and Collaborators
<p>a. Explore opportunities for Childsmile team involvement in the management of paediatric general anaesthetic (GA) patients.</p>	<ul style="list-style-type: none"> • Improved oral health awareness and capability in paediatric GA patients and families. • Reduced repeat paediatric GA patients. 	<ul style="list-style-type: none"> • Paediatric Dental Service MCN Lead • PDS Dental Clinical Leads • Advanced Public Health Practitioner Dental and Oral Health • Childsmile Coordinators • Royal Aberdeen Children’s Hospital & Dr Gray’s Hospital Theatre teams.
<p>b. Develop a “Collective Story” illustrating the child patient journey for dental GA services for promotion across all partners and stakeholders.</p>	<ul style="list-style-type: none"> • Increased capacity of partners to be oral health champions. 	<ul style="list-style-type: none"> • Paediatric Dental Service MCN Lead • Advanced Public Health Practitioner Dental and Oral Health • Childsmile Coordinators • Dental Public Health Team

High Level Aim	4. Closer collaboration of public health work streams on diet/child healthy weight and oral health	
Specific Actions	Outcomes	Lead and Collaborators
<p>a. Utilising the common risk factor approach to collaborate with the child healthy weight (CHW) programme and other local partners to promote healthy diet and weight.</p>	<ul style="list-style-type: none"> • Improved partnership and collaboration between the Childsmile and partners on child healthy weight and diet. • Increased capacity of CHW partners and other partners to be oral health champions. 	<ul style="list-style-type: none"> • Advanced Public Health Practitioner Dental and Oral Health • Childsmile coordinators • Dental Health Support Workers • Child Healthy Weight Teams

High Level Aim	5. Pre + Post-Natal Engagement (Parents and Children)	
Specific Actions	Outcomes	Lead and Collaborators
<p>a. Working closely with health visitors, peer support volunteers, and midwives to promote oral health and healthy maternal and infant nutrition to ensure the best start in life for children.</p>	<ul style="list-style-type: none"> • Increased capacity of identified partners to be oral health champions. • Improved engagement with pregnant women, parents and young children on oral health. 	<ul style="list-style-type: none"> • Advanced Public Health Practitioner Dental and Oral Health • Childsmile coordinators • Dental Health Support Workers • Midwives and Health Visitors • Breastfeeding Coordinators • Parents and Families
<p>b. Test of change ideas to promote oral health through established networks (breastfeeding, peer support, ante-natal classes).</p>	<ul style="list-style-type: none"> • Increased engagement and support for peer group initiatives. 	<ul style="list-style-type: none"> • Advanced Public Health Practitioner Dental and Oral Health • Childsmile coordinators • Dental Health Support Workers • Midwives and Health Visitors • Breastfeeding Coordinators • Parents and Families.

High Level Aim	6. Improved data sharing with support from Health Intelligence	
Specific Actions	Outcomes	Lead and Collaborators
<ul style="list-style-type: none"> a. Work with health intelligence partners to create a dashboard of children’s oral health indicators. b. Integration of key children’s oral health indicators into the NHSG dashboard on health inequalities. 	<ul style="list-style-type: none"> • Grampian oral health dashboard to improve accessibility to timely oral health data to inform evidence based policy decisions. 	<ul style="list-style-type: none"> • Consultant in Dental Public Health • Health Intelligence Analysts/Team • Dental Public Health Team • Dental Services Management Team

High Level Aim	7. Continued focus on oral health education	
Specific Actions	Outcomes	Lead and Collaborators
<ul style="list-style-type: none"> a. Identifying new opportunities to deliver effective oral health education by: <ul style="list-style-type: none"> • Producing new relevant and culturally appropriate oral health education and information materials on Grampian Dental website and other media. • Increasing engagement with families and communities by Dental Health Support Workers to deliver more person-centred interventions. 	<ul style="list-style-type: none"> • Improved access to oral health information for the Grampian population leading to an empowered and more engaged population better able support the prevention, self-care and management of their oral health. 	<ul style="list-style-type: none"> • Advanced Public Health Practitioner Dental and Oral Health • Dental Public Health Team • Public Engagement Team • Childsmile Coordinators • Dental Health Support Workers

<ul style="list-style-type: none"> Delivering training opportunities for GDPs/PDS clinicians to improve their knowledge and skills around children’s oral health - encouraging the patients and parents to become more actively involved in their care. Development and offer of appropriate child oral health training opportunities for GDPs/PDS clinicians. 	<ul style="list-style-type: none"> Increasing clinician, patient and partner participation in shared-decision making on oral health. 	<ul style="list-style-type: none"> Consultant in Dental Public Health Dental Practice Adviser Dental Services Management Team Dental Public Health Team Childsmile Coordinators
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High Level Aim	8. Potential topics/areas for further research and exploration	
Specific Actions	Outcomes	Lead and Collaborators
a. Explore the barriers and challenges related to 0-2yr olds dental registration in Grampian.	<ul style="list-style-type: none"> Apply the findings to improve registration of children 0-2 yrs olds in Grampian. 	<ul style="list-style-type: none"> Consultant in Dental Public Health Dental Public Health Team
b. Investigate the oral health beliefs and preferences of ethnic minority population in Grampian.	<ul style="list-style-type: none"> Translate the findings to inform evidence based delivery of oral health improvement and dental clinical services for ethnic minorities in Grampian. 	<ul style="list-style-type: none"> Consultant in Dental Public Health Dental Public Health Team
c. Develop better understanding of the barriers and enablers to engaging with children with additional support needs. d. Develop appropriate partnerships to improve the oral health outcomes of ASN children.	<ul style="list-style-type: none"> Improved access to preventative oral health services. Improved oral health outcomes for ASN children 	<ul style="list-style-type: none"> Consultant in Dental Public Health Dental Public Health Team Dental Services Management Team

High Level Aim	9. Tackle the wider determinants of oral health and inequality	
Specific Actions	Outcomes	Lead and Collaborators
<p>a. Advocate for a national strategy/framework to address the adverse impacts of commercial determinants of health</p>	<ul style="list-style-type: none"> • Development of national strategies to address the wider determinants of health. 	<ul style="list-style-type: none"> • Consultant in Dental Public Health • Dental Public Health Team • Other key public health partners.
<p>b. NHSG Strategic level – Engaging national and local partners or stakeholders to understand how to tackle the commercial determinants of health in Grampian.</p>	<ul style="list-style-type: none"> • Improved collaboration and engagement with partners and programmes that address the wider social determinants of health. 	<ul style="list-style-type: none"> • Consultant in Dental Public Health • Dental Public Health Team • Other key public health partners.

Appendix 1

Executive Summary – Grampian Children’s Oral Health Needs Assessment (0-12)

The aim of this intervention is to conduct a needs assessment of oral and dental health services provision for children in NHS Grampian, in order to identify likely gaps in service provision and make appropriate recommendations to address these.

Target Population: Children aged 0-12 who live in Grampian

Burden of Disease: Over the last two decades, the number of children in Primary 1 and Primary 7 who have no decay experience has continued to steadily increase across the country. In 2022/23, **77.2%** of Primary 1 children in Grampian had no obvious signs of decay, which is an improvement from the previous year (**75%**). The number of children identified as having severe decay or infection had also decreased in 2022/23, from a record high of 10.4% in 2021/22, down to 7.2%.

The number of decay-free Primary 7 children has also steadily increased to higher the national average - at 79.7%. Encouragingly, the number of children in this age group with severe decay or infection present has dropped to 2.2%, however, oral health inequalities remain prevalent through Grampian, with persistently higher levels of disease, and severity of disease, in areas associated with increased socio-economic deprivation.

Dental Service Provision: Following the impact of the pandemic and ongoing recruitment and retention challenges across the sector, there are currently significant pressures on access to primary and secondary care dental services. A new contract reform for general dental practitioners has provided opportunities to receive enhanced remuneration for delivering preventative advice and treatment for children, however there is currently not enough data available to analyse trends in its uptake.

Particular focus is given to the waiting list times for dental general anaesthetic (GA) and the external factors contributing to these delays to accessing care. There are currently **444** children on the GA waiting list, **301** (67.8%) have been waiting more than 12 weeks to receive their required treatment, while **162** (36.5%) have waited for more than a year. Work is ongoing to reduce this backlog and ensure children have timely access to dental care, through the hospital, public and general dental services.

Registration and Participation: Access has become a key problem for both primary and secondary care NHS dental services following pandemic. In particular, the registration rates in the 0-2 year-olds in Aberdeen City and Moray are below the national average (28.1%) at **22.9%** and **25.6%** respectively, with Aberdeenshire only marginally higher at **30.8%**. From March 2019 to September 2022, Grampian consistently had a higher percentage proportion of children engaging with NHS dental service than then national average, however registration and participation rates remain considerably lower than pre-pandemic levels.

Childsmile and Oral Health Improvement: The cessation of the Childsmile programme during the COVID-19 pandemic has resulted in a slow but consistent process of re-establishing engagement with the education sector. Uptake of the toothbrushing programme in both pre-school establishments and primary schools remain significantly

below the pre-pandemic levels, however progress continues to be made to re-engage with stakeholders and overcome any barriers to delivering daily tooth brushing for children.

Toothbrushing and dietary advice claims made by general dental practitioners have also seen a significant drop from their pre-pandemic levels. The biggest fall in the volume of prevention provided was for the 0-2 year-old category, which is likely to be associated with the sharp fall in the number of children registered and participating with NHS dental services in this age group.

The community engagement delivered by the Childsmile team remains a success, with 452 children referred to dental health support workers in 2022/23. The vast majority of these referrals are made health visitors, reinforcing the importance of the role they play in identifying and referring children who would benefit from the Childsmile programme.

Childsmile feedback: The Childsmile teams across Grampian provided feedback with many responses highlighting the availability of NHS dentists and maintaining consistent engagement with education establishments as significant barriers to delivering improvements in oral health. Work must be done to reflect on the issues raised in this feedback, to ensure equitable delivery of the Childsmile programme across Grampian.

Recommendations:

The following recommendations have been developed using stakeholder feedback and critical discussions through the co-design aspect of the needs assessment. The short life working groups used a SWOT analysis to discuss the findings from the initial report as well as share anecdotal insights from various experts-by-experience – the results of which were collated together with the findings of the report to inform these recommendations:

1. Improve access and participation of children in dental services particularly in deprived communities.
2. Improve the uptake of the Childsmile programme in nurseries and primary schools.
3. Enhanced oral health promotion prior to/post general anaesthetic.
4. Closer collaboration of public health work streams on diet/child healthy weight and oral health.
5. Pre + Post-Natal Engagement (Parents and Children).
6. Improved data sharing with support from Health Intelligence.
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