



Oral Health Promotion Strategy 2016 – 2020

A Summary

South Gloucestershire, Bristol, Bath and North East Somerset and North Somerset are conducting a consultation on their joint Oral Health Promotion Strategy. The strategy has been developed by the Oral Health Promotion Strategy development group comprising representatives from each local authority, Public Health England and NHS England and endorsed by the West of England Public Health Partnership.

Oral health is defined by the World Health Organisation as:

“A state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”

Oral health promotion can be considered as

“Any planned effort to build supportive public policies, create supportive environments, strengthen community action, develop personal skills or re-orientate health and social service in the pursuit of oral health goals”.

The vision of this strategy is to **improve the oral health** of all people living in South Gloucestershire, Bath & N.E. Somerset, Bristol and North Somerset.

Why have a Joint Oral Health Promotion Strategy?

The four local authorities, by working together with this joint, strategic approach, will use their existing knowledge and resources in a more efficient way, achieving a greater balance in providing programmes to prevent poor oral health, sharing new ideas, what works in their areas and also being able to jointly review their plans to deliver the strategy. This approach may also include the joint commissioning of services.

Background / context

Good oral health improves overall quality of life, self-esteem and social confidence and is an important part of general health and wellbeing. Good oral health helps individuals to communicate effectively and enjoy a wide range of foods.

Maintaining good oral health during childhood provides a strong foundation for good oral health in adulthood. Despite general improvements in oral health in the last thirty years, poor oral health is still a major public health problem and the most common chronic childhood disease, even though it is almost entirely preventable.

Risk factors

Poor oral hygiene from poor tooth brushing, insufficient exposure to fluoride and consumption of a diet that is high in sugar are the main direct risk factors for an individual's poor oral health.

The common risk factors (causes) for poor oral health are also shared by other major public health concerns;

- Risk factors for obesity include consumption of food and drink high in sugar
- Tobacco use and alcohol consumption are risk factors for gum disease/oral cancer
- There is a two way relationship between gum disease and Type 2 diabetes
- There is an association between the human papilloma virus and oral cancer among young people

A common approach to managing these risk factors can also be applied to the promotion of general health and wellbeing that supports good oral health for people throughout their life. For example reducing sugar consumption will have a positive impact on tooth decay and obesity, stopping smoking will reduce oral and lung cancer, gum disease and cardiovascular disease.

Since risk factors for poor oral health are common to many diseases so it is important to embed oral health promotion across a range of public health programmes, whilst maintaining and improving specific oral health promotion activities. This will require the alignment of a range of health and wellbeing strategies and policies to ensure that oral health promotion becomes an integrated component of almost all health and social care programmes, services and needs assessments.

Populations at risk of poor oral health

Everyone, across the course of their life will benefit from good oral health. It is important that universal approaches support and reach the whole population whilst ensuring targeted interventions reach those at higher risk of poor oral health. Vulnerable groups at higher risk of poor oral health include:

- the old and frail, people living alone or in residential care
- people that are socially isolated such as Gypsies and Travellers, the homeless and prisoners
- people with mental health conditions, dementia
- people who consume high quantities of alcohol, are drug users or smokers
- anyone who has a chronic medical condition
- children of parents with the above risk factors and children in care
- children and adults living in deprived communities
- children and adults with a learning disability

The full strategy provides more detail on how some of these groups are specifically affected by poor oral health.

Reducing inequalities in oral health

Across the four local authorities there are some stark differences in oral health outcomes. The association of poor oral health with deprivation is strong within each local authority area. For example, children living in the most deprived wards are much more likely to have three or more decayed or missing teeth at five years old than children living in the least deprived wards.

People who are at high risk of poor oral health require more intensive prevention activities, to provide them with opportunities for better oral health. Promoting activities that improve people's oral health the life course will reduce inequalities in oral health.

Interventions to promote good oral health in individuals and communities need to be complemented by addressing the wider determinants of health in order to tackle the inequalities in oral health. Examples include; action on sugar (including application of the sugar tax), reducing alcohol misuse and improving access to services. Accessing routine and urgent dental care is particularly important for those at high risk of poor oral health.

Strategic Priorities and Key Objectives

This strategy aims to improve oral health and reduce inequalities by endorsing five strategic priorities, each of which is supported by three objectives

The strategy provides a clear framework to support local delivery plans to direct oral health promotion activity. A template delivery plan accompanies this strategy that sets out the evidence based interventions required to meet each objective. Each local authority will develop a delivery plan specific to the needs of their own population that will then be embedded across that council.

1. Promote oral health through healthier food and drink choices

Objectives

1. Promote oral health by making healthier choices easier through multi-stranded approaches to promote healthier food and drink choices and reduce sugar intake.
2. Commission interventions that encourage and support breastfeeding and healthy complementary feeding (weaning).
3. Promote healthier food and drink choices that are lower in sugar in settings that the local authority reaches e.g. leisure, education, social and residential care and local food outlets.

2. Promote oral health by improving levels of oral hygiene

Objectives

1. Commission supervised tooth brushing programmes for pre-school and primary school children at high risk of poor oral health
2. Train front line staff to provide demonstrations on how to clean teeth among those at high risk of poor oral health

3. Commission programmes that provide free toothbrushes and toothpaste to all preschool and primary school children, prioritising targeted interventions among those at high risk of poor oral health.

3. Improve population exposure to fluoride

Objectives

1. Promote the use of fluoride toothpaste among those at high risk of poor oral health.
2. Commission programmes that provide free toothbrushes and toothpaste to pre-school and primary school children, prioritising targeted interventions for those at high risk or poor oral health.
3. Commission fluoride varnishing programmes for young children in areas with high rates of tooth decay.

4. Improve early detection, and treatment, of oral disease

Objectives

1. Maximise all opportunities for signposting to local NHS dental services
2. Promote the benefits of visiting a dentist throughout the life course
3. Raise awareness of eligibility for free check-ups, prioritising those at high risk or poor oral health.

5. Reduce inequalities in oral health

Objectives

1. Look for opportunities to embed oral health promotion within all health and wellbeing policies, strategies and commissioning.
2. Promote oral health among vulnerable groups; young children, people with diabetes, people who smoke, consume high quantities of alcohol or use drugs, people with learning disability, the elderly and other locally identified vulnerable groups.
3. Equip the wider health and social care workforce with the knowledge and skills to recognise the link with neglect and complex social circumstances and ensure provision of care for those at high risk of poor oral health.

A public consultation of the strategy took place June-July. Feedback from the consultation is currently further developing the Oral Health Promotion Delivery Plan (in progress).