



***Bournemouth and Poole***

**IMPROVING ORAL HEALTH  
Oral Health Action Plan  
for NHS Bournemouth and Poole (2009 -2014)**

**AUGUST 2009**

**NHS BOURNEMOUTH AND POOLE**  
**ORAL HEALTH ACTION PLAN 2009 – 2014**

**TABLE OF CONTENTS**

	Page
<b>1. SECTION ONE</b>	
• <b>Introduction</b>	<b>3</b>
<b>2. SECTION TWO</b>	
• <b>Context</b>	<b>4</b>
<b>3. SECTION THREE</b>	
• <b>Action Plan Toolkits</b>	
○ <b>Improving diet and reducing sugars intake</b>	<b>6</b>
○ <b>Improving oral hygiene</b>	<b>9</b>
○ <b>Optimising exposure to fluorides</b>	<b>11</b>
○ <b>Tobacco control and promoting sensible alcohol use</b>	<b>12</b>
○ <b>Reducing dento-facial injuries</b>	<b>14</b>
○ <b>Professional training and support</b>	<b>15</b>
○ <b>Research and development</b>	<b>17</b>

# NHS BOURNEMOUTH AND POOLE

## ORAL HEALTH ACTION PLAN 2009 – 2014

### SECTION ONE

#### 1. INTRODUCTION

- 1.1 This action plan should be read in conjunction with the oral health strategy provides a full statement of the oral health of Bournemouth and Poole residents, highlighting inequalities in oral health. It also describes the causes of poor oral health, the common risk factors associated with poor oral health and other diseases and the principles of good practice to bring about improvements. It stresses the importance of building on existing partnerships and involving communities.
- 1.2 Poor oral health has a significant impact on the quality of life, causing pain and embarrassment, time off school and work, limiting function and being costly to treat. Among children, decay is the most important oral disease.
- 1.3 Dental disease is well understood, effective prevention is a realistic goal and would contribute to wider public health and social inclusion, work and aspirations. To this end, the development of an oral health action plan, between now and 2013 is essential to address the pressing problem of poor oral health, particularly for children. This could make a difference to the percentage of children reaching school in 2010 and beyond who are decay free and as a direct consequence improve their health and well being in future years.
- 1.4 There is the need to have all partner organisations, key stakeholder groups, wider primary care team and dental primary care team sign up to oral health improvements in Bournemouth and Poole.
- 1.5 This oral health action plan therefore sets out to address the oral health priorities outlined in the Bournemouth and Pool oral health strategy. To this end, it outlines:
  - Targets for action
  - Lead roles and responsibilities for delivery within partnership working
  - Processes that will be used to monitor progress and measure achievements.

**NHS BOURNEMOUTH AND POOLE**  
**ORAL HEALTH ACTION PLAN 2009 – 2014**

**SECTION TWO**

**2. CONTEXT**

- 2.1 In November 2005, the Department of Health published *Choosing Better Oral Health – an Oral Health Plan for England*. This guidance has provided the basis for updating of the oral health strategy for Bournemouth and Poole and the subsequent development of this oral health action plan.
- 2.2 Priorities for action within this oral health action plan have been identified via:
- Identification of key issues and inequalities in oral health as part of the oral health strategy review
  - Consultation with key stakeholders
  - Local gap analysis of current oral health promotion provision and services
- 2.3 This oral health action plan reflects the following key recommendations made in *Choosing Better Oral Health*:
- 2.3.1 Improving diet and reducing sugars intake:
- Promoting breastfeeding and recommended weaning protocols
  - Reducing both the frequency and amount of added sugars consumed
  - Increasing consumption of fruit and vegetables to at least 5 portions per day
  - Reducing consumption of acidic soft drink
  - Promoting use of sugar free medicines.
- 2.3.2 Improving oral hygiene:
- Encouraging the early adoption of oral hygiene practices in young children
  - Promoting effective oral hygiene self care practices across the population
  - Supporting parents, health professionals and carers of people who need help in maintaining their oral hygiene.
- 2.3.3 Optimising exposure to fluorides:
- Promoting water fluoridation in areas with poor oral health and where local communities support this action
  - Encouraging the use of fluoride toothpastes across the population, especially young children in disadvantaged areas.
- 2.3.4 Tobacco control and promoting sensible alcohol use:
- Supporting smokers to stop
  - Referring motivated smokers who want help quitting to NHS Stop Smoking Services
  - Improving early detection of early stage malignant lesions and referral to specialist care
  - Encouraging sensible patterns of alcohol consumption.
- 2.3.5 Reducing dento-facial injuries:
- Creating a safer environment for play, recreation and travel
  - Reducing trauma caused by violence and binge drinking

- Implementing guidelines on first aid for dental injuries.
- 2.3.6 Professional training and support:
- Developing the health promoting knowledge and skills of the dental team
  - Incorporating oral health awareness into the training of other health professionals
  - Providing support if implementing and evaluating the oral health component of the LDPs
  - Developing oral health links with other areas of health improvement.
- 2.3.7 Research and development:
- Assessing the effectiveness and cost effectiveness of oral health interventions, particularly in relation to reducing inequalities
  - Determining the impact on oral health of other areas of health improvement
  - Developing evaluation and monitoring systems.
- 2.4 There are a number of new actions that have been identified. Those that require funding are highlighted in red. The funding requirement has been summarised in this document and will be detailed in a supporting paper.
- 2.5 The outcomes and review process will be implemented by a local working group, led by NHS Bournemouth and Poole.

1. IMPROVING DIET AND REDUCING SUGARS INTAKE						
Topic	Good Practice	Target Group	Local Partners	Action	Outcome/Timescales	Monitoring Progress
1.1 Infant feeding	<p>Promote breastfeeding in line with DH recommendations.</p> <p>Ensure weaning advice conforms to COMA/SACN Recommendations.</p> <p>Ensure oral health input into local infant feeding strategies and guidelines</p>	Nursing mothers and babies	<p>Dental/public Health</p> <p>Local health promotion / oral health teams</p> <p>Midwifery services based in hospital and community settings</p> <p>Teenage pregnancy advisors</p> <p>Family support workers</p>			
1.2 Policy guidelines	Promote the development and adoption of nutrition and healthy eating guidelines that include action in sugars in organisations where food and or drinks are prepared or sold.	<p>Pre-school children</p> <p>School children</p> <p>Students</p> <p>Patients</p> <p>Prisoners</p> <p>Older people in care and nursing</p>	<p>Preschools and nurseries</p> <p>Schools and colleges</p> <p>Community groups</p> <p>Children's centres</p> <p>Dental/public health</p> <p>Dentists &amp; DCPs</p>			

		homes				
1.3 Labelling	Improve labelling information on foods and drinks specify % sugars and PH levels	Whole population	Industry Government			
1.4 Sugar based medicines	Increase proportion of sugar free medicines prescribed and sold	Whole population, especially children and chronically ill on long term medication	Pharmacists GPs and hospital doctors Pharmaceutical industry Dentists and DCPs			
1.5 Sugar content	Discourage addition of sugars to weaning foods, drinks and vitamin supplements  Encourage reductions in sugar content of soft drinks, breakfast cereals, confectionery and other sugary foods and drinks.  Encourage caterers to reduce sugar content of prepared foods.  Encourage vending machine providers to include sugar free choices	Infants and young children  Whole population  Whole population  Whole population	Food industry Parents  Food industry  Caterers  Schools Leisure facilities etc			
1.6 Public information	Improve the consistency of all dietary messages, and stress the importance of	Whole population	PCT's communication teams			

<p>&amp; support</p>	<p>reducing the frequency of sugary drinks and foods.</p> <p>Ensure effective dietary education for those at risk of dental caries and erosion.</p> <p>Restriction of promotion of food and drink high in sugar particularly to children.</p>	<p>Children and adults at high risk</p>	<p>PPI teams  Head of Salaried Service and PCT managers  Oral/health promotion teams  Midwives, health visitors  GPs  Teachers  Dentists and DCPs  Pharmacists  Dental Practice Advisors  Dental teams</p>			
----------------------	---	---	--	--	--	--

RECURRING FUNDING REQUIREMENTS:

**2. IMPROVING ORAL HYGIENE**

<b>Topic</b>	<b>Good Practice</b>	<b>Target Group</b>	<b>Local partners</b>	<b>Action</b>	<b>Outcome</b>	<b>Monitoring Progress</b>
2.1 Early toothbrushing	Encourage parents and carers to start toothbrushing with fluoride toothpaste within the first year of the child's life.	Parents and infants	Oral health promotion teams Health visitors GPs Dentists and DCPs Community groups/children's centres Special schools			
2.2 Body & oral hygiene	<p>Incorporate oral hygiene teaching in Personal and Social Education teaching.</p> <p>Ensure individuals in residential and care settings have access to toothbrushing facilities and advice on oral hygiene.</p>	<p>School children</p> <p>People in residential care and nursing homes &amp; hospitals</p>	Oral health promotion teams teachers – schools Special schools Dentists and DCPs Local Trust heads			

2.3 Training & support	Improve the effectiveness of oral hygiene instruction provided by oral health professionals.	Whole population	Oral health promotion teams  Nurses  Midwives  Health visitors  Carers  Teachers Dentists and DCPs			
RECURRING FUNDING REQUIREMENTS:						

3. OPTIMISING EXPOSURE TO FLUORIDES						
Topic	Good Practice	Target Group	Local partners	Action	Outcome	Monitoring Progress
3.1 Water fluoridation	Promoting water fluoridation in areas with poor oral health and where local communities support this action.	Whole population	Public health SHA PCT PEC/board			
3.2 Fluoride toothpastes	Increase the use of fluoride toothpaste, especially in disadvantaged communities. Ensure recommendations on appropriate use of toothpastes are given by health professionals and other care staff.	Whole population, especially young children in disadvantaged areas.	Public health Oral health promotion teams Clinical Director of Salaried Service Health visitors Local authority			
3.3 Other fluorides	Development of other options to deliver fluorides where required eg: varnishes with special needs groups, fluoride milk in schools etc.	High risk populations	Public health Oral health promotion teams Clinical Director of Salaried Service Schools Children's Centres			
RECURRING FUNDING REQUIREMENTS:						

4. TOBACCO CONTROL AND PROMOTING SENSIBLE ALCOHOL USE						
Topic	Good Practice	Target Group	Local partners	Action	Outcome	Monitoring Progress
4.1 Smoking cessation	Encourage dental teams routinely to enquire about their patients' use of tobacco and to give advice and support on stopping. When appropriate refer smokers to NHS Stop Smoking Services.	Smokers	Public health Dentists & DCPs NHS Stop Smoking Services Local smoking cessation teams			
4.2 Smokeless tobacco	Encourage dental teams to provide advice and support to individuals to stop the use of smokeless tobacco. Support community wide initiatives on tobacco use.	Users of smokeless tobacco	Community groups Dentists & DCPs Public health			
4.3 Tobacco control	Support broader control agenda.	Whole population	Public health Dentists & DCPs SHAs Local professional associations			
4.4 Early detection	Train & support dentists to routinely examine the oral mucosa of all patients.  Encourage and train GPs to undertake examination of the oral mucosa of	Whole population  Smokers, heavy drinkers and	Dentists & DCPs GPs Pharmacists			

	<p>tobacco users, heavy drinkers and older people.</p> <p>Encourage and train pharmacists to recognise oral health problems that need referral to dentists or specialist care</p>	<p>older people</p> <p>Whole population</p>				
--	---	---	--	--	--	--

**RECURRING FUNDING REQUIREMENTS:**

5. REDUCING DENTO-FACIAL INJURIES						
Topic	Good Practice	Target Group	Local partners	Action	Outcome	Monitoring Progress
5.1 Safe environment	<p>Promote improvement in the quality of the environment eg: safer play areas, leisure facilities, schools and colleges.</p> <p>Advocate guidelines on the use of protective head wear and gum shields during contact sports.</p> <p>Encourage availability of affordable gum shields.</p>	Children and young people.	Public health Dentists & DCPs Schools Sports			
5.2 Reducing violent trauma	<p>Support policies on reducing binge drinking amongst young people. Train and support dental teams in the recognition of children at risk of non-accidental injuries.</p>	Young people and heavy drinkers Children	Dentists and DCPs Public health Local authorities Police			
5.3 First aid guidelines	<p>Ensure schools, colleges and other settings are aware and adopt guidelines on first aid for dental injuries.</p>	Children and young people	Public Health Dentists and DCPs Schools Sports and leisure organisations			
RECURRING FUNDING REQUIREMENTS:						

**6. PROFESSIONAL TRAINING AND SUPPORT**

<b>Topic</b>	<b>Good Practice</b>	<b>Target Group</b>	<b>Local partners</b>	<b>Action</b>	<b>Outcome</b>	<b>Monitoring Progress</b>
6.1 Capacity building	<p>Provide high quality training to develop dental teams' health promoting knowledge and skills.</p> <p>Expand health promotion input into BDS and other training programmes</p> <p>Develop role of DCPs in delivering high quality health promotion.</p>	<p>Dentists</p> <p>DCPs</p> <p>Dental students</p>	<p>Dentists and DCPs</p> <p>Training institutions</p> <p>Deanery</p> <p>GDC</p> <p>Oral health promotion teams</p>			
6.2 Training	<p>Expand and develop oral health input into professional training of relevant health workers.</p>	<p>Midwives and health visitors</p> <p>GPs and practice nurses</p> <p>Pharmacists</p> <p>Teachers</p> <p>Carers</p>	<p>Oral team promotion teams</p> <p>Dentists &amp; DCPs</p> <p>Training institutions</p> <p>Deanery</p>			
6.3 Ongoing support	<p>Improve provision of health promotion resources and materials.</p> <p>Provide evidence-based guidelines for future interventions</p>	<p>Dentists and DCPs</p>	<p>Oral team promotion teams</p> <p>Training institutions</p> <p>NICE</p>			

6.4 Links	Review common risks for oral and general health and develop shared agenda for action	Public Health	Dentists and DCPs			
RECURRING FUNDING REQUIREMENTS:						

**7. RESEARCH & DEVELOPMENT**

<b>Topic</b>	<b>Good Practice</b>	<b>Target Group</b>	<b>Local partners</b>	<b>Action</b>	<b>Outcome</b>	<b>Monitoring Progress</b>
7.1 Effectiveness of oral health interventions	<p>Improve the evidence based for oral health interventions, especially in relation to inequalities.</p> <p>Assess the cost effectiveness of different interventions.</p> <p>Encourage involvement of the dental team in the research agenda.</p>	Dentists and DCPs	<p>Training institutions</p> <p>Deanery</p> <p>NICE</p>			
7.2 Evaluation and monitoring	<p>Improve the quality of the evaluation and monitoring of oral health interventions.</p>	Dentists and DCPs	<p>Dental/public Health</p> <p>Clinical Director of Salaried Service</p> <p>Training institutions</p> <p>Deanery</p> <p>NICE</p>			

**RECURRING FUNDING REQUIREMENTS:**

## GLOSSARY OF TERMS

<b>Oral Health:</b>	A standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being (Department of Health, 1994)
<b>Oral mucosa:</b>	The mucous membrane lining the mouth.
<b>DMFT/dmft:</b>	An indicator of the level of dental decay obtained by calculating the number of decayed, missing and filled teeth (dmft score). DMFT refer to decay experience in the permanent or secondary dentition and dmft to the decay experience in the primary dentition. The average score is reported for a population.
<b>Oral cancer:</b>	Malignant tumour of the mouth.
<b>Dental caries:</b>	The material remaining after tooth substance has been destroyed as a result of attack by acid produced by plaque bacteria from sugars in the diet. Commonly referred to as tooth decay.
<b>Periodontal disease:</b>	Disease of the gums and supporting structures of the teeth. Commonly referred to as gum disease.
<b>Erosion:</b>	Chemical dissolution of teeth.
<b>Fluoride:</b>	A chemical compound that helps to prevent dental caries.
<b>Water fluoridation:</b>	Addition of fluoride to a population's drinking water to reduce tooth decay. Fluoride may be added to other substances e.g. milk, toothpaste.
<b>Dental Trauma:</b>	Tooth loss or damage caused by physical injury.
<b>Fissure sealants:</b>	A plastic-like material placed in the grooves and pits of the biting surfaces of the back teeth to prevent decay starting in these susceptible sites.
<b>Common risk factor approach (CRFA):</b>	An approach to promoting general health by controlling a small number of risk factors which can have a major impact on a large number of diseases. This is a cost-effective alternative to disease-specific approaches.
<b>Dental Care Professionals (DCPs):</b>	This term commonly refer to members of the wider dental team, such as dental therapists, hygienists, and dental nurses.