

LGA case study template

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Local authority: Blackpool

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Case study title: Blackpool's integrated Children's Oral Health Improvement System

Case study synopsis (100 words):

Blackpool, has been developing an integrated approach to improving children's oral health. This is linked to the focus on the work of the Blackpool Better Start and a recognition that a range of interventions focused on population and individual approaches is required to achieve better life chances for the children of Blackpool. Additionally Blackpool and the Fylde Coast are one of 10 integrated care systems leading the development of new ways of working across health and social care. This case study shows how a range of interventions and collaborations across organisations can be used to tackle the issue of poor oral health in children.

The challenge:

The health of people in Blackpool is worse than the England average and Blackpool is the most deprived local authority in England, based on both the average Lower Super Output Area (LSOA) score and concentration of deprivation measures. Priorities in Blackpool include housing, tackling substance misuse, building community resilience, reducing social isolation, and early intervention.

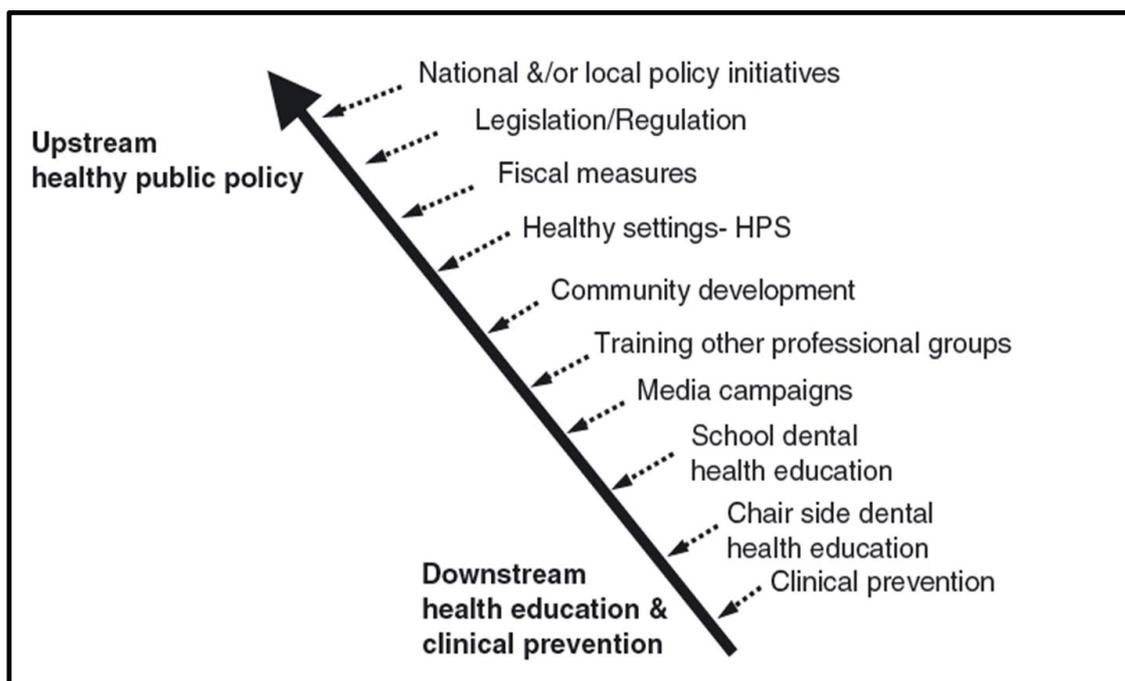
In 2015, in Blackpool, about 28% of children were living in low income families and the oral health of 5 year old children was poor with a significantly higher experience of tooth decay in comparison

with levels in England as a whole. Children living in the Blackpool Better Start wards had higher levels of tooth decay, although the levels of decay are also high in the remaining wards

The solution:

Working together, Blackpool Council, Blackpool Better Start, NHS England and Blackpool Teaching Hospitals NHS Foundation Trust have, over recent years, put in place a range of interventions that now provide an oral health improvement system rather than single isolated approaches. The system includes interventions that may be described as upstream midstream and downstream. Figure 1 illustrates the types of interventions ranging from public policy, for example the sugar tax, through to clinical prevention, for example fluoride varnish application in a dental practice.

Figure 1



Source: Watt RG. From victim blaming to upstream action: tackling the social determinants of oral health inequalities. *Community Dent Oral Epidemiology* 2007;35: 1-11

Upstream measures include

Blackpool Council's Free School breakfast scheme which includes the offer of milk which is fluoridated. In excess of 11,000 breakfasts have been delivered daily in 33 schools since the start

of the scheme, with children having the opportunity to enjoy a variety of healthy breakfast products. Fluoridated milk is offered as part of the scheme and now accounts for 70% of the consumption.



Supervised toothbrushing at childcare settings, where the Blackpool Better Start advised by Public Health England, is supplying nurseries and child minders with training and the necessary equipment for supervised tooth brushing. They are investing over £12,000 annually to help develop oral health skills in children aged 2-4 and to date over 1000 children a day are brushing their teeth.

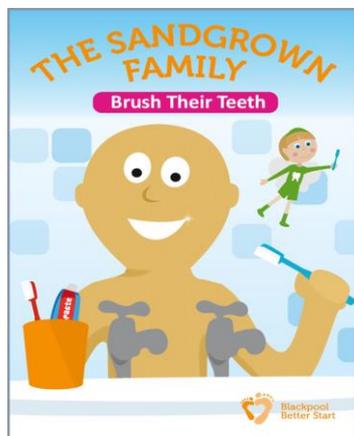


Midstream measures include

An advertising campaign on local busses with the slogan “Sandgrown children, Don’t rinse your mouth after brushing!” The campaign focused on Public Health England’s evidence based toothbrushing advice.



'The Sandgown Family Brush Their Teeth' book, which has embedded evidence based advice on toothbrushing was also developed. This was published as part of a campaign to promote key oral health messages, and family cohesion through encouraging fathers to read to their children.



A Community Connector, recruited from the local population, has been engaged by the Blackpool Better Start specifically to work on Oral health and to make links between local families, the early years workforce and NHS dental services.

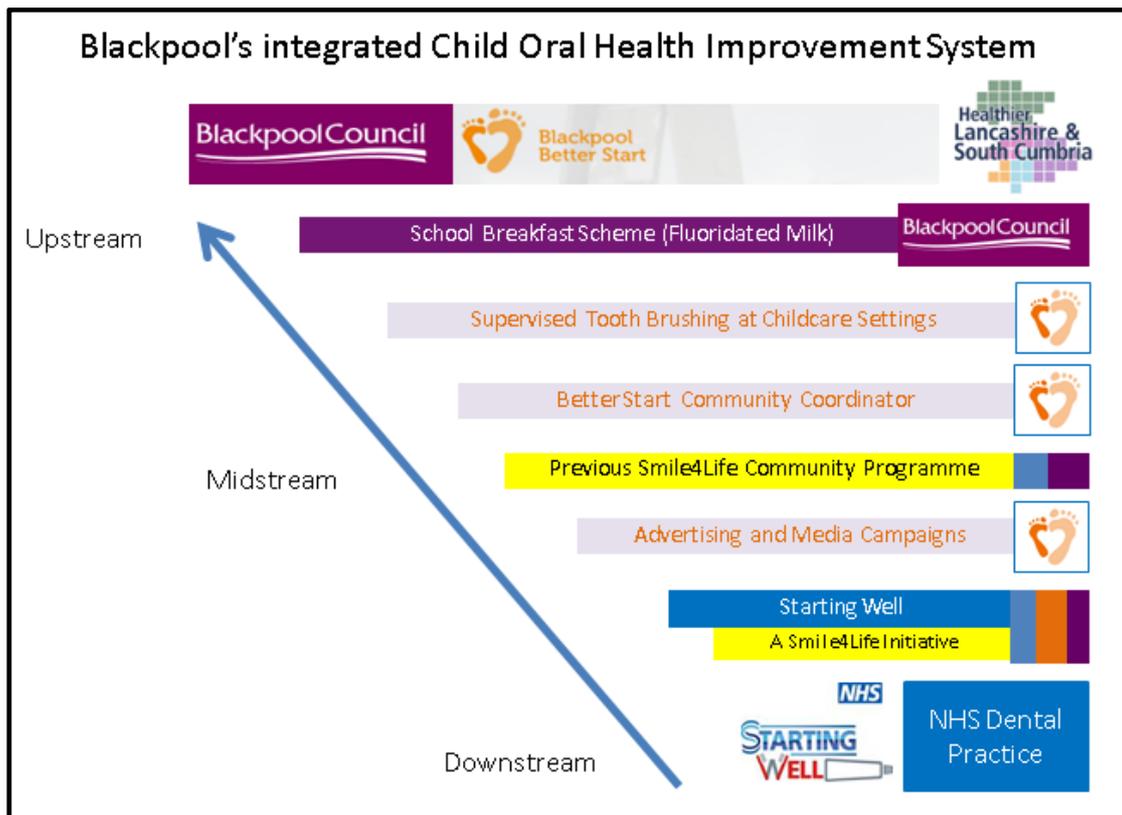
Downstream measures include

NHS England's "Starting Well" programme where dental practices have been commissioned to deliver enhanced clinical prevention and care for young children. This enables their engagement with

early years settings and the children’s workforce.

Figure 2 shows the range of upstream and downstream interventions in place

Figure 2



The impact (including cost savings/income generated if applicable):

The integrated approach is bringing together elements of the children’s workforce who have not previously worked in close collaboration. This helps foster a common purpose and a greater understanding of the opportunities and constraints on all the parties, along with a deeper understanding of the needs of the local community

How is the new approach being sustained?:

At a policy level, Blackpool’s Joint Health and Wellbeing Strategy identifies “early years and family support” as a priority and the

Lancashire and South Cumbria Sustainability and Transformation Partnership (STP) has identified improving children's oral health as an objective in its Public Health and Primary Care workstreams. This ensures continued focus along with the momentum of the Blackpool Better Start and the nationally supported NHS Starting Well programme.

Lessons learned:

- The importance of placing oral health in the context of developing a healthy child, and getting multi agency support for setting it as a priority.
- The complexity of enabling work required to get professionals from different areas of health and social care working together.
- Feedback from the early Years settings undertaking the Supervised Brushing include:
 - Reports of a number of parents taking their children to the dentist for the first time following advice given at the Supervised Toothbrushing training and subsequently conveyed to parents.
 - Settings are reporting that the children are thoroughly enjoying toothbrushing being part of their daily routine.
 - Parents are taking an active interest and asking how their child(ren) are doing.
 - Parents are reporting that their children are asking to brush their teeth at home. Some settings have provided parents with the toothbrushing stickers to encourage the children to brush at home.
 - Settings are passing on the basic oral health messages to parents e.g. 'spit don't rinse' to parents.

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Links to relevant documents:

[Commissioning Better Oral Health for Children and Young People Public Health England, Improving the oral health of children: cost effective commissioning](#)
[Supervised toothbrushing programme toolkit](#)

[FRED Project \(Fathers Reading Every Day\)](#)
[Joint Health and Wellbeing Strategy for Blackpool - Priorities](#)
[Healthier Lancashire and South Cumbria](#)
[NHS England – Starting Well programme](#)

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and send your completed template to
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