

# Brushing up on oral health: Increasing toothbrushing to decrease dental decay



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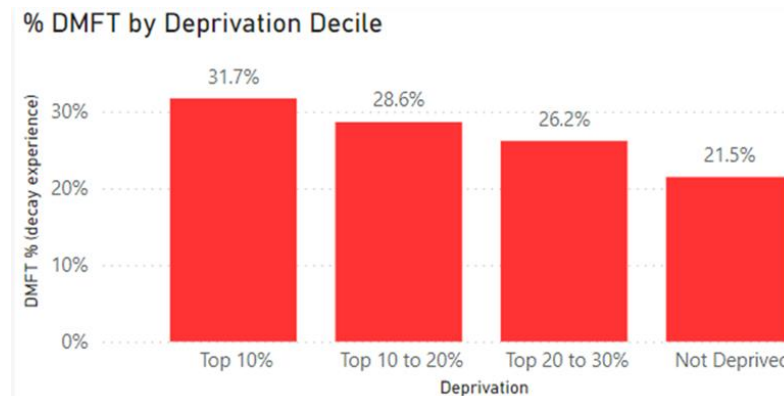
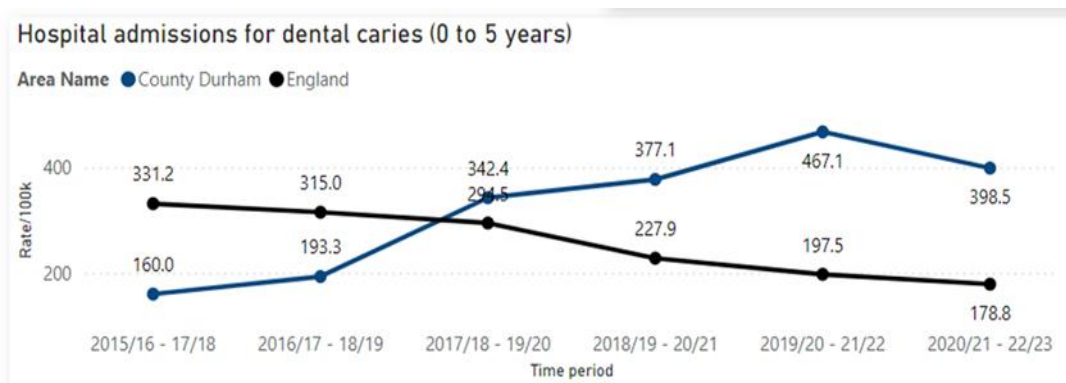


# Oral Health in Young People in County Durham

Oral Health is a vital part of health and wellbeing. Dental decay has detrimental impact on children and young people's physical, social and mental health.

Latest data available tells us:

- County Durham is ranked 70 out of 152 Local Authorities, for decayed, missing or filled teeth
- Around 1 in 5 (20.3%) of 5-year-olds in Durham have experience of decay
- Roughly 120 hospital admissions per year for dental caries, higher than England and North East averages.
- Among children with dental decay, the mean number of teeth affected was 3.1.
- There is a clear link between dental decay and deprivation – 10.2% difference between the top 10% deprived areas and 'not deprived' areas in County Durham (DMFT, 5 years).



# County Durhams Oral Health Promotion Strategy 2023-2028

In 2023 the [Oral Health Promotion Strategy](#) for County Durham was supported by the Health and Wellbeing Board.

The strategy aims to:

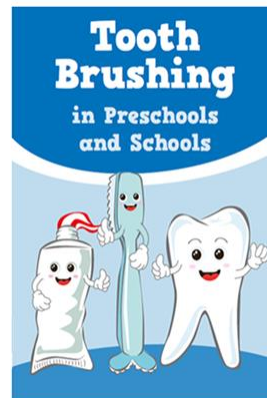
- Improve oral health of everyone living in County Durham
- Reduce oral health inequalities
- Create supportive environments, working with communities and partners to promote oral health
- Contribute to good oral health across the life course

The strategy strongly supports water fluoridation, identifying it as an effective way of reducing inequalities in dental health. We are currently awaiting the outcome of the North East Community Water Fluoridation expansion consultation.



# Supervised Toothbrushing in County Durham

- Supervised Toothbrushing in County Durham started in 2017, targeting areas of higher deprivation first.
- Working closely with our Early Years colleagues to identify settings in areas of deprivation who could deliver the programme.
- Our current scheme covers children aged 2-5 years old in the top 30% deprived areas.
- The programme is currently funded by baseline Public Health grant.
- The aim is to establish good toothbrushing practice by children which can be adopted as a positive behaviour throughout the life course.
- Supervised toothbrushing broadens the knowledge of good oral health practices by the child as well those around them.
- Information is given to the parents to gain consent and encourages children and their families to develop good dental routines at home.



# Supervised Toothbrushing Process



Early years settings in Durham may be offered the opportunity to participate in the toothbrushing programme (this is based on an index of need relating to areas of deprivation).



Durham County Council provide settings with resources to set up a toothbrushing programme for children.



Training, guidance, and support provided by County Durham and Darlington Oral Health Promotion team to early year's staff supervising children brushing for 2 minutes daily.

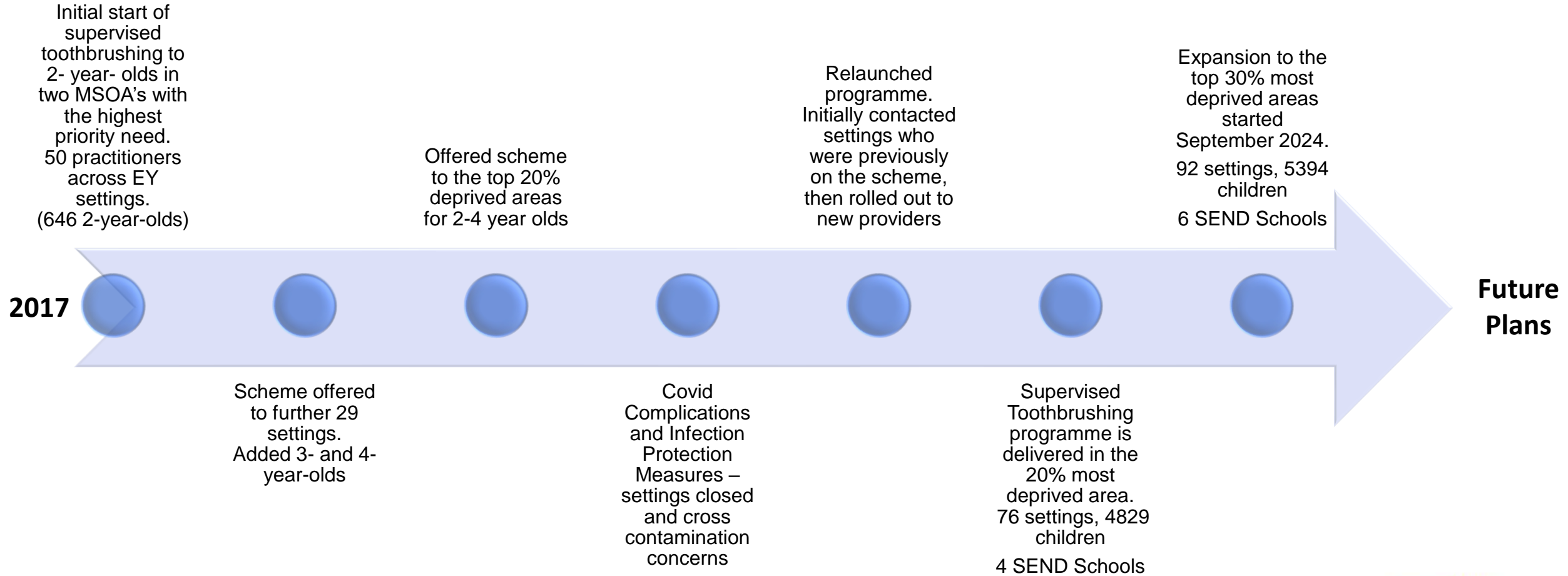


The setting is responsible for seeking parents' permission/consent to participate in the programme. Brushing at home is encouraged alongside the programme.



A quality assurance system is in place to ensure the scheme adheres to guidance.

# Supervised Toothbrushing Timeline in County Durham



# Strengths & Challenges in our Supervised Toothbrushing Programme

Strengths	Challenges
<ul style="list-style-type: none"><li>• Strong partnership working with Early Years Team and Oral Health Promotion</li><li>• Settings are engaged and passionate about improving oral health in their children</li><li>• Interest in participating grew when oral health was included in the Early Years Foundation Stage statutory framework.</li><li>• Oral health included in the County Durham Early Years Healthy Settings Framework</li><li>• Resources help to deliver the messages in settings</li><li>• Little negative feedback about STB received</li><li>• Passion and commitment to improve standards &amp; quality by teams involved</li></ul>	<ul style="list-style-type: none"><li>• IPC concerns (mainly around Covid-19) and the impact on the programme</li><li>• Some settings reported issues including storage and staffing</li><li>• Staffing levels – time for training, programme delivery, annual quality assurance check.</li><li>• National evidence shows supervised toothbrushing is effective, however relating this to a local level is difficult due to the data we receive (dental treatment, fluoride varnish application)</li><li>• Providing provision to childminder’s / home schooled children in top 30% deprived areas</li></ul>

# Key Performance Indicators – Coverage and Participation

KPI	
<b>Number of eligible settings</b>	136 (nurseries, daycare and schools)
<b>Number of participating settings</b>	92
<b>Number of children with consent to participate</b>	5394
<b>How often STB takes place</b>	1x a day, for 2 minutes
<b>Staff trained</b>	119. One staff member per setting nominated as a oral health champion
<b>Reports of reasons for participation decline by settings</b>	<ul style="list-style-type: none"><li>- Lack of space</li><li>- Staff levels</li><li>- Covid-19 impacts</li><li>- Responsibility of families v schools</li></ul>
<b>Quality Assurance</b>	All settings have an annual in person quality assurance visit



# Anticipated Outcomes

Short Term	Medium Term	Longer Term
<ul style="list-style-type: none"><li>- Increase Oral Health knowledge in children, parents and staff</li><li>- Increase in number of children brushing teeth daily</li><li>- Healthy Oral Health habits in both the setting and at home</li></ul>	<ul style="list-style-type: none"><li>- Improvements in Oral Health</li><li>- Better awareness of dental accessibility for children, families and staff</li><li>- Fewer children experiencing Oral Health problems such as tooth decay</li><li>- Reduction in the need for dental treatment</li></ul>	<ul style="list-style-type: none"><li>- Reduction of poor Oral Health in young people through data such as the National Oral Health surveys of five-year-olds</li><li>- Reduced number of fillings and extractions carried out by NHS dentists</li><li>- Reduction of the number of child dental referrals requiring a general anaesthetic</li><li>- Fewer children requiring hospital admissions for dental reasons</li><li>- Less missed days off school due to dental problems for children</li></ul>

# Evaluation and Impact

Evaluating a supervised tooth brushing programme requires consideration of the time it takes for changes in tooth decay to be observed and the limitations of existing data sets. It is hoped the expected outcomes will be achieved through our established programme.

Feedback from Oral Health team:

:"Past audit's completed show good results, staff members comments were "to be honest on some busy mornings when things can drift out of my mind, the children remind me that "miss, it's time to clean our teeth"! Another teacher's comment was "it's something we all do together as a class". We have fun listening to the brushing songs".

Feedback from Early Year Setting:

"Implementing the scheme in our nursery has had a really positive impact on both children and their families. The initiative has not only improved the oral health of children but also fostered a sense of community and shared responsibility. Staff received comprehensive training on proper brushing techniques and the importance of oral hygiene. We were provided high-quality toothbrushes and toothpaste and a range of resources to teach the children about the importance of taking care of their oral health. This scheme has empowered parents to continue good practices at home, leading to healthier smiles and better overall health for our children. It has also reinforced the importance of daily routines and self-care, laying a strong foundation for lifelong healthy habits".

Thank you for listening

Further information can be found at –  
[www.durham.gov.uk/oralhealth](http://www.durham.gov.uk/oralhealth)  
or  
[www.durhaminsight.info/oral-health](http://www.durhaminsight.info/oral-health)

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