**Oral Health Improvement Plans for Children and Older Persons**

**Public Consultation Response Paper**

**(Print Version)**



# **Introduction**

1. The Department of Health is seeking views on the recommendations arising from the **Children’s Oral Health Improvement Plan** and **Older Person’s Oral Health Improvement Plan**.
2. We are inviting you to share your views to ensure we are taking the right approach to children’s and older persons oral health in Northern Ireland to best serve their needs and improve the oral health of the population of Northern Ireland. We would be particularly keen to hear from:
* those with lived experience of children’s dental services both in general dental practice and in HSC dental clinics
* those with lived experience of older person’s dental services both in general dental practice and in HSC dental practice
* organisations that provide support to children and older persons
* frontline healthcare professionals
* school teachers, classroom assistants, care assistants, care home managers
* academics and researchers
* the general public

**Background**

1. The current Northern Ireland Oral Health Strategy (OHS) was published in 2007. In the absence of the significant resources required to develop a new wide-ranging strategy, the Department of Health has determined that the two groups of the Northern Ireland population that would benefit most from updated oral health improvement plans were children and older people.
2. One of the most important foundations for building healthy and happy families is the nurturing of children in early life. A child's oral health is recognised as being a contributing factor to their healthy development and it has been seen that if preventative interventions are established at an early stage, children have a higher chance of establishing healthy lifetime habits.
3. Improved oral disease prevention throughout the life course has led to an increase in the number of older adults who are retaining some of their natural teeth. However, as people become older self-care tends to deteriorate and the there is a tendency to rely on others for care. This older cohort of our population is at increased risk of dental disease and oral health problems.
4. The Improvement Plans identify a range of strategic and ambitious recommendations for progression, which reflects the significant work needed in this area. It is recognised that implementation of many of the recommendations made will require business case approval and funding, at a time of significant financial challenge.

# **Consultation**

1. The **Consultation Questionnaire** is included at the **Appendix** of this document.
2. **The consultation will run for a period of 12 weeks** from **11 December 2023 to 4 March 2024**
3. While we want to hear from as many people as possible on as many of the questions as possible, please feel free to comment on as few or as many of them as you see fit.
4. Implementation of many of the recommendations will be subject to the approval of a Minister and/or Executive.

# **Alternative formats**

1. Hard copies of this document and copies in other formats (including Braille, large print etc.), can be made available on request. If it would assist you to

access the document in an alternative format, or language other than English, please let us know and we will do our best to assist you. Please contact us at [gdoscorrespondence@health-ni.gov.uk](file:///C%3A%5CUsers%5Cdoh-lappinc%5CRECORDS-NI_7.1.2%5COffline%20Records%20%28RN%29%5CConsultation%20~%20Services%20Delivery%20-%20Policy%20-%20General%20Dental%20Services%5Cgdoscorrespondence%40health-ni.gov.uk)  or at the address below.

# **Responding to the Consultation**

1. Please return responses no later than **4 March 2024** via:

**Email to**: gdoscorrespondence@health-ni.gov.uk

*Or***:**

**post to:**

Post to: Oral Health Consultation

Room D4.29

Castle Buildings,

Stormont Estate,

BELFAST, BT4 3SQ.

1. While not necessary, our preference is for responses to be submitted online through gdoscorrespondence@health-ni.gov.uk .
2. Late responses will not be accepted.

# **Privacy, Confidentiality, and Access to Consultation**

1. For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g., a member of the public). All responses from organisations and individuals responding in a professional capacity will be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our consultation privacy notice. ([DoH Business Areas - Privacy Notices | Department of Health (health-ni.gov.uk)](https://www.health-ni.gov.uk/articles/doh-business-areas-privacy-notices)
2. Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however, all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR).
3. If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR
4. Your views on the recommendations from the Children’s and Older Persons Oral Health Improvement Groups are being sought.
5. The Children’s Oral Health Improvement Plan makes 14 recommendations. Views are being sought on all recommendations. There are 8 questions to answer.
6. The Older Person’s Oral Health Improvement Plan makes 22 recommendations. Views are being sought on 16 recommendations. There are 7 questions to answer.
7. In total, there are **15 consultation questions**, organised along the lines of the Themes in each oral health improvement plan. The text of the recommendations to which the questions relate is provided. If possible and relevant, we would like you to respond to all questions and to all elements of individual questions.
8. When responding, you are asked to make reference to the Childrens Oral Health Improvement Plan and Older Persons Oral Health Improvement Plan to fully understand the detail behind the recommendations and the context in which they are being made.
9. Further detail and supporting documents can be viewed on the Department of Health website at: <https://www.health-ni.gov.uk/consultations>

# **Purpose of this consultation**

1. This consultation is intended to assist with prioritising the recommendations in each plan, with the emphasis now on how we address the issues identified in each of the Plans.

# **Why your views matter**

1. Some of the recommendations are significant in policy, practice and service delivery terms. It is important that you are given the opportunity to contribute your views on the suggested way forward. It is important because we want to ensure that we provide the best possible support and services to some of the most vulnerable children and older people in Northern Ireland and provide the best possible working support for healthcare professionals and families involved.

**Appendix**

**CHILDREN’S and OLDER PERSON’S ORAL HEALTH IMPROVEMENT PLANS**

**CONSULTATION QUESTIONNAIRE**

**About You**

The Department of Health (DoH) is committed to protecting your privacy. For more information about what we do with your personal data please see our consultation privacy notice.

When completing this section, you only need to answer the questions that are relevant to you.

1. Are you responding

☐ as an individual? (Please complete questions 2-8)

☐ on behalf of an organisation? (Please complete question 9)

(Required)

2. About You – An individual

Are you a child / young person (under the age of 18)?

☐ Yes

☐ No

3. Are you a person with care experience?

(Care experience means you have spent time living with foster carers, and/or in residential care)

☐ Yes

☐ No

☐ Prefer not to say

4. Have you ever engaged with family and children’s social care services? If yes, in what capacity? (Examples include - as a: foster carer, adoptive parent, child / young person with a disability, the parent of a child with a disability, or a parent in receipt of family support services - this list is not exhaustive)

☐ Yes

☐ No

If yes, please specify below.

5. Do you work with children or families in a social care capacity?

☐ Yes

☐ No

6. If you answered yes to question 5 do you work in:

☐ Statutory Health and Social Care Sector?

☐ Voluntary or community sector?

☐ Education?

☐ Other?

☐ Prefer not to say

If other, please specify:

7. Do you work with older persons in a social care capacity?

☐ Yes

☐ No

8. If you answered yes to question 7 do you work in:

☐ Statutory Health and Social Care Sector?

☐ Voluntary or community sector?

☐ Care home environment?

☐ Other?

☐ Prefer not to say

If other, please specify:

**This is the end of this section for those answering as an individual.**

9. If you are responding on behalf of an organisation, please provide the name of the organisation.

Organisation Name:

**Childrens Oral Health Improvement Plan**

Set out under **four broad themes**, the report makes a series of recommendations that we believe will make the greatest difference to the oral health of children both now and in the future.

Theme 1. Improving the Oral and Dental Health of Children

Theme 2. General Anaesthetic Dental Provision for Children

Theme 3. Utilising the Skills of the Team

Theme 4. Empowering Families

**Theme One – Improving the Oral and Dental Health of Children**

This group of recommendations are intended to provide a guide to reduce the amount and severity of dental decay in children in Northern Ireland and reduce the chance of dental disease for children most at risk.

**Recommendation 1.1**: Relevant stakeholders should continue to develop and embed the children's dental epidemiology programme in Northern Ireland to provide information and intelligence to improve oral health and provision of services.

**Recommendation 1.2**: Preventative initiatives should be supported by a strong evidence base. Targeted evidence-based programmes should be aimed at those at high risk of dental disease. Consideration should also be given to the cost-effectiveness of any interventions.

**Recommendation 1.3:** Promotion of good oral health and prevention of dental disease among children should be included in all strategic plans/policies dealing with general health. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease. Preventative advice should be age appropriate and in line with *Delivering Better Oral Health V.4*

**Recommendation 1.4**: Preschool and nursery settings should have a healthy snack policy. Primary and Secondary schools should have healthy meals and healthy snack policies. Schools should be free from vending machines selling sugary snacks/drinks, and healthy options included in tuck shops. Oral hygiene practices should be integrated into the teaching of general body cleanliness at pre, primary and secondary school level.

**Recommendation 1.5**: Arrangements should be in place with local dental services to provide timely access to appropriate dental care for all children, when the need arises, particularly for those at higher risk of developing dental disease.

**Consultation Questions**

**Q1. Do you agree with the themes of these recommendations as guiding principles for improving the oral health of children in Northern Ireland?**

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

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| --- |
| (Please enter your comments here) |

**Q2. To what extent do you support or oppose these recommendations to guide future reform in this area of dental service provision and oral health promotion?**

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| Strongly support / tend to support / neither support nor oppose / tend to oppose / strongly oppose (please delete as appropriate) |

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| (Please enter your comments here) |

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**Q3. Are there further comments that you would like to make in terms of how we ensure that the recommendations are being adopted?**

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| --- | --- |
| Yes | ☐ |
| No | ☐ |

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| (Please enter your comments here) |

**Theme Two – General Anaesthetic Dental Provision for Children**

These recommendations are intended to support the equitable access to general anaesthetic extraction services for children in Northern Ireland, regardless of the HSC Trust they reside in.

**Recommendation 2.1**: There should be a drive towards equitable recovery of general anaesthetic services so that when the need arises, access to dental extractions under general anaesthetic is timely and without barriers.

**Recommendation 2.2**: Preventive interventions should be standardised and incorporated regionally with the aim to reduce the need for referral for dental extractions under General Anaesthetic for all children.

**Q4. Are there specific considerations you think we should bear in mind in taking forward recommendations 2.1 and 2.2?**

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| Yes | ☐ |
| No | ☐ |

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**Theme Three – Utilising the Skills of the Dental Team**

This group of recommendations are intended to ensure that the skills of the whole dental workforce should be used to provide safe and effective patient care, in line with GDC’s scope of practice for all dental care professionals.

**Recommendation 3.1**: There should be opportunities, support, and resources available to develop and upskill the dental team.

**Recommendation 3.2**: Consideration should be given to the expansion of the paediatric dental workforce.

**Recommendation 3.3:**  Other healthcare providers and stakeholders should be empowered to take an active role in the prevention of dental disease.

**Recommendation 3.4**: The training of dental care professionals should include specific knowledge relating to the dental care of children and management of those at higher risk of developing dental disease.

**Q5. To what extent do you agree that dental nurses, dental hygienists and dental therapists should provide direct patient care, in line with their professional skills and competencies?**

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**Q6. To what extent to you agree that non-dentally qualified health and social care workers could give oral health advice when working with parents/carers of children?**

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**Theme 4: Empowering Families**

**Families, guardians, and carers should be empowered to proactively improve the oral health of the children in their care.**

These recommendations are intended to ensure that families, guardians, and carers are empowered to proactively improve the oral health of the children in their care.

**Recommendation 4.1:** Parents, guardians, and carers should be supported to access a dental examination before their baby’s first birthday.

**Recommendation 4.2:** Parents, guardians, and carers should ensure all children are brought to recall dental appointments as recommended by the dentist and in line with NICE guidance.

**Recommendation 4.3;** Parents, guardians, and carers of children should receive an oral health educational module that covers how to prevent oral disease, detection of early signs of oral disease and how to access dental services.

**Q7. Do you agree that every child in Northern Ireland should have access to a first dental examination before their first birthday?**

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**Q8. Do you agree with the principle that general dental practices could provide more opportunities to focus on preventing oral disease in childhood?**

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**THANK YOU FOR COMPLETING THIS SECTION. THE NEXT SET OF QUESTIONS RELATE TO THE OLDER PERSONS ORAL HEALTH IMPROVEMENT PLAN.**

**Older Person’s Oral Health Improvement Plan**

Set out under **four broad themes**, the report makes a series of recommendations that we believe will make the greatest difference to the oral health of Older People both now and in the future.

Theme 1. Improving the Oral and Dental Health of Older People

Theme 2. Utilising the skills of the Dental Team

Theme 3. Empowering families and allied health professionals

Theme 4. Governance

**Theme 1: Improving oral and dental health of older people.**

These recommendations are intended to reduce the prevalence and severity of oral disease in older people and focus on upstream prevention of oral disease in later life.

**Recommendation 1.1;** Patients aged 65 years and over should be encouraged to be registered with a general dental practitioner.

**Recommendation 1.2;** The General Dental Services contract should support practitioners to provide preventive and operative care for older adults.

**Recommendation 1.3;** Future oral health care needs should form part of the patient

pathway, ideally before people become frail.

**Recommendation 1.4;** Targeted evidence-based programmes should be aimed at older people who are at higher risk of dental disease (e.g., care dependent older people) and preventative initiatives should be supported by a strong evidence base.

Consideration should also be given to the cost effectiveness of any initiatives.

**Recommendation 1.5;** Oral Health assessment for new residents in care homes should be completed on admission to promote and protect the resident’s oral health with a personalised oral care plan developed, as recommended by the Enhancing Clinical Care Framework.

**Recommendation 1.6;** Arrangements should be in place with local dental services to provide access to appropriate dental care for older people, when the need arises, particularly for those at higher risk of developing dental disease.

**Recommendation 1.7;** Techniques used by dentists for the treatment of dental caries and oral disease should be in line with best available evidence.

**Consultation Questions**

**Q9. Do you agree with the themes of these recommendations as guiding principles for improving the oral health of older people in Northern Ireland?**

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**Q10.** **To what extent do you support or oppose these recommendations to guide future reform in this area of dental service provision and oral health promotion?**

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| Strongly support / tend to support / neither support nor oppose / tend to oppose / strongly oppose (please delete as appropriate) |
| (Please enter your comments here) |

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**Q11. Are there further comments that you would like to make in terms of how we ensure that the recommendations are being adopted?**

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| Yes | ☐ |
| No | ☐ |

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| (Please enter your comments here) |

**Theme 2: Utilising the skills of the dental team.**

This group of recommendations are intended to ensure the right dental workforce to meet the needs of the older persons population: training, workforce, and skill mix. There are **two questions** related to workforce and skill mix

Training

**Recommendation 2.1;** The training of dental care professionals should include practical experience in the management of older people, especially those at higher risk of developing dental disease.

**Recommendation 2.2;** Development of a digital training repository

Workforce

**Recommendation 2.3;** The General Dental Services (GDS) contract should support

practitioners to carry out domiciliary care.

**Recommendation 2.4;** Increase capacity within the Community Dental Service (CDS) for increased demands on service and support wider skill-mix within the CDS team.

**Recommendation 2.5;** Increased numbers of dental nurses, dental therapists and dental hygienists should be planned, to expand the dental workforce appropriately and support collaborative models of care between CDS & GDS.

**Q12. Do you agree that the dental workforce headcount needs to increase in order to respond to increased service pressures and demands?**

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

Skill Mix

**Recommendation 2.6;** Widening the oral care system.

**Recommendation 2.7;** There should be opportunities, support, and resources available to develop and upskill the dental team.

**Recommendation 2.8;** Promotion of new ways of working and developing skill mix within dental teams.

**Recommendation 2.9;** Ensure that skill mix does not impact on delivery in the GDS

**Q13.** **To what extent do you agree that dental nurses, dental hygienists and dental therapists should provide direct patient care, in line with their professional skills and competencies?**

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**Theme 3:** **Empowering families and allied health professionals.**

These recommendations are intended to ensure that families, carers, and other non-dental staff should be empowered to proactively improve the oral health of the older people they look after.

**Recommendation 3.1;** Key health professionals in both acute and community settings should receive training on oral health and should be empowered to take an active role in the prevention of dental disease.

**Recommendation 3.2;** Healthcare partnerships should be strengthened to integrate oral health with other projects focused on general health of older people. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease.

**Recommendation 3.3;** Families and carers should be empowered to proactively improve the oral health of the older people they look after. Carers and families should be supported with basic oral health advice to assist their dependent family members.

**Q14. Do you have any further thoughts or comments about the types of support that families/carers need to promote good oral health?**

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| (Please enter your comments here) |

**Theme 4: Governance.**

This group of recommendations are intended to ensure that Policy development for older people should include promotion of good oral health, prevention of dental disease and management of oral conditions.

**Recommendation 4.1;** Regulatory inspections should include an oral health element in their Assessment.

**Recommendation 4.2;** Relevant stakeholders should develop and embed an oral epidemiology programme in Northern Ireland to provide information and intelligence to improve oral health and provision of services. This could be supported using digital technology.

**Recommendation 4.3;** Promotion of good oral health and prevention of dental disease among older people should be included in all strategic plans and policy development dealing with the general health of older people.

**Q15. Do you agree that regulatory inspections of care homes should include an oral health element in the assessment?**

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

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| (Please enter your comments here) |

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**