Children's Oral Health Improvement Programme Board: Evaluation Report Year 1

June 2018

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1. Executive summary

Dental caries (decay) in children and young people remains a significant public health problem in England. Despite being largely preventable, caries affects a significant proportion of the overall child population but is a particular problem amongst children from deprived and socially disadvantaged backgrounds. Dental caries has a major negative impact on the quality of life of children affected and their families.

In 2016 the Children's Oral Health Improvement Programme Board (COHIPB) was launched with the aim of improving oral health for all children and reducing oral health inequalities across England. The COHIPB brings together a diverse array of professional partners and stakeholders, with a shared ambition of improving child oral health and reducing the oral health gap for disadvantaged children through strategic collaborative system leadership and joint working. Through a process of co-production the board aims to support and empower the local delivery of effective oral health improvement interventions.

In recognition of the importance of evaluation, the board established an *Evaluation Working Group* to oversee the monitoring and evaluation of the Board's wide ranging and diverse activities. In this initial evaluation report of the first year of the Board's activities, a summary will be presented of the organisational engagement and partnership working and the main outputs achieved so far.

Key achievements of the COHIPB include:

- The Board has successfully engaged with a wide and diverse range of professional organisations and partners who have demonstrated real commitment and enthusiasm to focus collectively on improving child oral health.

- The strategic public health profile of oral diseases in children and young people has undoubtedly been raised through the effective collaborative working of the Board.
- The Board has achieved a wide variety of outputs linked to its core objectives of ensuring oral health is on everyone's agenda, supporting oral health training and capacity building, improving oral health data and information systems, supporting commissioning and local delivery, and ensuring the effective dissemination and communication of oral health improvement information.
- The strategic activities of the Board is already influencing both national and local policy and therefore has the potential to achieve a major impact in improving the oral health of children and young people across England.

Remaining challenges for the COHIPB include:

- With such a wide and diverse range of professional organisations and partners, at times it is difficult to capture the most important strategic activities relevant to oral health improvement. Agreeing on higher level strategic priorities may help to address this issue.
- Although a range of important oral health improvement initiatives have been identified by the Board, has sufficient focus been given to reducing oral health inequalities, one of the key strategic aims of the COHIPB?
- Undoubtedly the strategic joint working of the COHIPB has achieved a great deal but how much influence has the Board had at a local level in the delivery of oral health improvement interventions?

2. Background

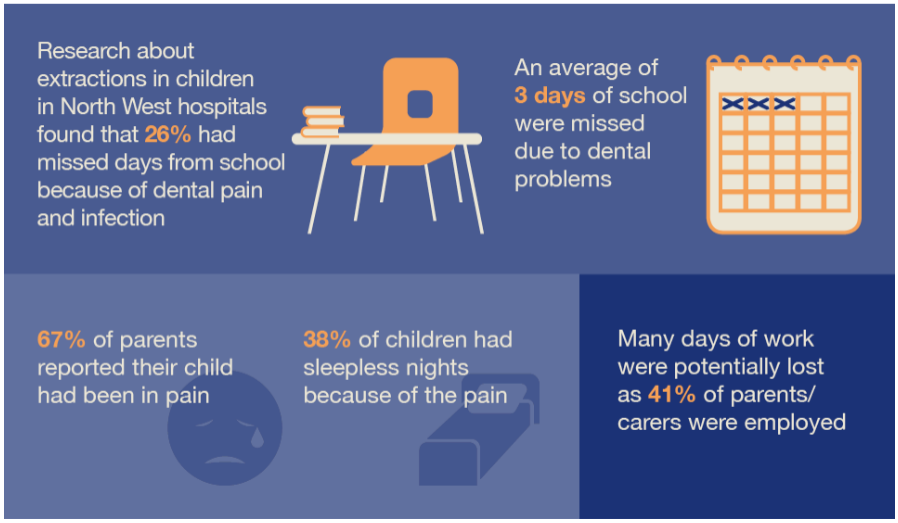
Public health significance of oral diseases

Oral health is an important element of general health and well-being. Despite being largely preventable, dental caries (decay) is still a very common disease in children and young people which has a considerable negative impact on the quality of life of those affected and their families (1). Over the last three decades although there has been major overall improvements in caries levels across the child population in England, stark inequalities now exist with children and young people from socially disadvantaged backgrounds experiencing much higher levels of disease than their more advantaged peers (2). Giving every child the best start in life is essential (3). Preventing dental caries is therefore an important public health goal.

In England high quality epidemiological surveys are used to monitor caries levels across the child population. National child oral health surveys have been conducted every ten years since 1973 and local level data is collected through a NHS nationally coordinated survey every two years. Results from the 2013 national child oral health survey showed that amongst 5 year olds nearly a third (31%) had caries in their primary teeth and by the age of 15 years, nearly a half (44%) had caries in their permanent teeth (4). Lower income measured by free school meal eligibility was associated with substantial inequalities in caries levels. In 5 year olds, four tenths (41%) of those eligible for free school meals had caries compared to three tenths (29%) of other children of the same age. Amongst 15 year olds inequalities remained with three fifths (59%) of the lower income young people having caries compared to four fifths (43%) of the others (5). Children and young people from lower income households were also far more likely to have severe caries experience (4). Results from the NHS coordinated survey in 2015 showed that a quarter (25%) of 5-year-old children had caries and extensive inequalities were reported across Local Authority areas largely reflecting broader socioeconomic area based differences (6). (Data from the latest 2017 surveys will be used as a baseline measure and will be reported in more detail in subsequent evaluation reports).

Dental caries has a significant negative impact on children and their families. Pain, infection, difficulties eating, speaking and sleeping, and missed days at school are all common impacts of caries (Figure 1). For example data from the 2013 national child oral health survey showed that more than a third (36%) of 12 year olds reported being embarrassed to smile or laugh due to the condition of their teeth and a fifth (22%) reported difficulties eating (4). Children who have dental pain and toothache often experience sleepless nights, may miss school and their parents may also take time off work to take their child to the dentist. The extraction of carious teeth is the most common reason for hospital admission for children aged 5-9 years (7). Dental care places a major cost on the NHS. In 2014 NHS dental treatment costs for children and adults were £3.4 billion (8). In 2016 the cost of tooth extractions was estimated at just over £50 million among children aged under 19 years (9).

Figure1: Impact of oral disease on children



Source: Health matters: child dental health https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health

Responsibilities and guidance for oral health improvement

The Health and Social Care Act (2012) conferred to Local Authorities the responsibility for oral health improvement for their local populations. The provision of oral health promotion services varies considerably across the country although national guidance from NICE and Public Health England (PHE) provides evidence on

different strategies that can be implemented to improve population oral health (10,11).

In various parts of the country some excellent and innovative oral health improvement programmes are being delivered. However it is widely acknowledged that oral health is often a somewhat neglected area of public health and more strategic support is needed to coordinate both local and national action to promote population oral health and reduce oral health inequalities.

3. Overview of Children's Oral Health Improvement Programme Board

The Children's Oral Health Improvement Programme Board was launched in 2016 and comprises of leaders in children's and young people's health, including NHS England, Local Authorities (LAs), Health Education England (HEE), Royal Colleges, Specialist Societies, charities, professional bodies and cross-government departments (see appendix A for a full list of partner organisations). COHIPB is accountable to the Public Health England Children, Young People and Families Partnership Board 0 - 24 years.

The board's aim, developed in partnership with its stakeholders, is to improve the oral health of all children and reduce the oral health gap for disadvantaged children. The board represents a model of co-production for system leadership and health improvement in action.

The board has a shared ambition that ***every child grows up free from tooth decay as part of every child having the best start in life***. The 5 high level objectives are:

- child oral health is on everyone's agenda;
- the workforce have access to evidence based oral health training;
- oral health data and information is used to the best effect by all key stakeholders;
- stakeholders use the best evidence for oral health improvement and

- child oral health information is communicated effectively.

COHIPB brings together multiple partners and stakeholders to provide system leadership under a central ambition to improve the oral health of all children, led by Public Health England. PHE has specified deliverables; provides the expert advice to inform the delivery of an action plan, engage with relevant stakeholders and links to complementary health and social care agendas, to provide a forum for discussion of progress of partner delivery.

Partner organisations negotiate and collaborate to agree their 'deliverables' in consultation with the board. This co-production is central to the board's achievement of its aims, whilst influencing the individual stakeholder's business planning and delivery. Outputs from COHIPB support and empower the local delivery of oral health improvement interventions.

4. Overview of evaluation approach for COHIPB

Evaluation is an essential element in the delivery and planning of health improvement interventions. In recognition of the importance of evaluation, the COHIPB established an Evaluation Working Group to oversee the monitoring and evaluation of the Board's wide and diverse range of activities, and in particular to assess progress in achieving its core objectives. The Evaluation Working Group is chaired by Professor Richard Watt and comprises a range of PHE and academic members (Appendix B). In addition, an independent External Reference Group has also been formed comprising of academic experts who can provide external advice and support on the evaluation approach adopted.

In view of the strategic complexity and diversity of activities undertaken by the COHIPB and its partner organisations, it would be inappropriate and logistically impossible to adopt a traditional experimental approach to the evaluation of the Board's activity. A more pragmatic and realist evaluation approach (12) has therefore been adopted which focuses in particular on assessing and documenting the strategic achievements and implementation processes linked to the various COHIPB

work streams. A logic model has been produced to provide an overview of the COHIPB partnerships, inputs, activities, outputs and short, medium and longer-term outcomes (appendix C).

In this initial evaluation report of the first year of the Board's activities, a summary will be presented of the organisational engagement and partnerships, main outputs achieved and initial media and policy impacts.

5. Key findings in Year 1

5.1 Organisational engagement and partnerships

A notable initial achievement of the COHIPB has been its ability to successfully engage with a wide and diverse range of organisations and partners linked to children's and young people's health and well-being. Senior representatives from NHS England, Local Authorities, Health Education England, the Royal Colleges, Specialist societies, professional bodies and cross-government departments have all regularly attended COHIPB meetings and actively participated in a range of discussions on oral health improvement issues. Partner organisations have also willingly shared their resources and experiences with the Board. Overall a very cooperative and collaborative atmosphere and style of working has been adopted. A major contributing factor in establishing this highly effective strategic partnership across such a wide and diverse range of organisations has been the skilful leadership and support provided by Chair and Programme Manager from PHE.

All the partner organisations have been exceptionally busy in highlighting the importance of oral health and the need for strategic action to prevent dental decay in children. Partners have actively engaged with national and local media, disseminated information through their websites and influenced policy through their advocacy activities. Opportunities for joint working have been identified in a wide variety of ways as outlined in the following sections of this report.

5.2 Summary of main outputs in year 1

As outlined in the logic model (appendix C) this initial evaluation report will focus on activities, outputs and short-term outcomes. In this first year, only key activities and outputs, where clear progress has been made, and information or data is available were examined. The structure of the report follows the five core areas summarised on the COHIPB Action Plan Infographic (Appendix D):

- Strategic development
- Training & capacity building
- Oral health data & information systems

- Supporting commissioning & local delivery
- Dissemination & communication

In appendix E the evaluation of COHIPB outputs identifies those areas where data and information is available (RAG rating them green) and activities led by partners which could be evaluated within the specific/short timeframe.

5.2.1 Strategic development

Objective: Ensuring child oral health is on everyone's agenda.

5.2.1.1 Child oral health included on key national strategies

A growing health concern throughout public health has been with obesity and given the shared risk factors (excess free sugars consumption), much of the work around obesity prevention was also useful to reduce risk of dental decay e.g. introducing a soft drinks industry levy, taking out 20% of sugar in products, making school food healthier and supporting early years settings.

Supporting strategic documents have included:

- Childhood Obesity. A Plan for Action. HM Government, 2016. https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action
- Sugar Reduction: Achieving the 20%. A technical report outlining progress to date, guidelines for industry, 2015 baseline levels in key foods and next steps, PHE, 2017. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604336/Sugar_reduction_achieving_the_20_.pdf

"All Our Health: personalised care and population health" is a framework of evidence to guide healthcare professionals in preventing illness, protecting health

and promoting wellbeing. An oral health component has been produced by PHE and partners.

- Guidance: Child oral health: applying All Our Health on gov.uk - updated 28 February 2018. https://www.gov.uk/government/publications/child-oral-health-applying-all-ourhealth/child-oral-health-applying-all-our-health

In addition, oral health has been included as a case study of a school oral health project.

- Healthy futures. Supporting and promoting the health needs of looked after children. LGA, 2016. Case study: Tower Hamlets Council: "Let's talk about teeth" project.

https://www.local.gov.uk/sites/default/files/documents/healthy-futures-supportin-9cf.pdf

5.2.1.2 Oral Health within mandated Health Visitor contact points

Oral health is now included in the Healthy Child programme mandated contacts at the five health reviews. These are carried out at the antenatal health promoting visit; New baby reviews; 6- 8 week assessment; 1 year review and 2-2½ year review. The 1 year assessment was achieved within first 15 months for 82% of the target population (13).

This visit is an opportunity to ensure that all is well with the child, mother and family. The 2-2½ year review was achieved for 78% of the target population (Source: health visitor service delivery metrics, 2016-17, PHE.) This review is the final scheduled contact before school and is key in preventing long-term health conditions and ensuring that children are ready for school.

The inclusion of an oral health page within the Personal Child Health Record is a useful reminder of key messages for parents.

Dental health

You can take your child to see an NHS dentist for preventive advice as soon as he/she is born. **NHS dental treatment for children is free.**
Put your child's age in months on the chart below as each tooth appears...

top teeth

Age first tooth came through:

.....

bottom teeth

For more information on caring for your child's teeth see *NHS Choices*. Can also be viewed by searching for *NHS Choices* at http://www.nhs.uk/conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx

NHS dental treatment is free for children until the age of 18, and for pregnant women and those who have had a baby in the previous 12 months.

To find an NHS dentist visit *NHS Choices* http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/find-an-NHS-dentist.aspx

To find out about your entitlement to FREE NHS dental care http://www.nhs.uk/chq/Pages/are-pregnant-women-entitled-to-free-NHS-dental-treatment.aspx

Dental visits

Name of Dental Practice.....

Telephone number.....

(To be completed by member of the dental team)

Date	1st Visit details (e.g. advice/treatment)	Signed

Next appt due.....

Date	2nd Visit details (e.g. advice/treatment)	Signed

Next appt due.....

Date	3rd Visit details (e.g. advice/treatment)	Signed

All further appointments record on the notes page at the back of the book

Looking after your child's teeth

- Start brushing your baby's teeth as soon as the first tooth comes through
- Brush your baby's teeth with fluoride toothpaste
- Brush their teeth at bedtime and at least one other time a day
- Help your child brush his/her teeth
- Use toothpaste with at least 1000 parts per million of fluoride
- Use only a smear of toothpaste if your child is less than 3 years old
- Use a pea size amount of toothpaste is your child is over 3 years
- Children usually have all 20 baby teeth by 3 years of age

For more information on looking after your child's teeth visit *NHS Choices*

http://www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx

http://www.healthforallchildren.com/the-pchr/2079-2/

5.2.2 Training & capacity building

Objective: Early Years and dental workforce have access to evidence based oral health improvement training

- Healthy Child Programme. E-learning for healthcare

https://www.e-lfh.org.uk/programmes/healthy-child-programme/

The Healthy Child Programme was a collaboration of HEE, RCOG, RCGP, RCM, RCN, BDA, RCPCH, RCSLT, CPHVA and Department for Education. It comprises e-learning sessions, grouped together by topic into 12 learning modules. The sessions include interactive elements, case studies and self-assessments to

reinforce learning and there are a range of resources signposted at the end of each session. PHE reviewed the oral health module and added new content and video.

5.2.3 Oral health data & information systems

Objective: Oral health data and information is used to the best effect

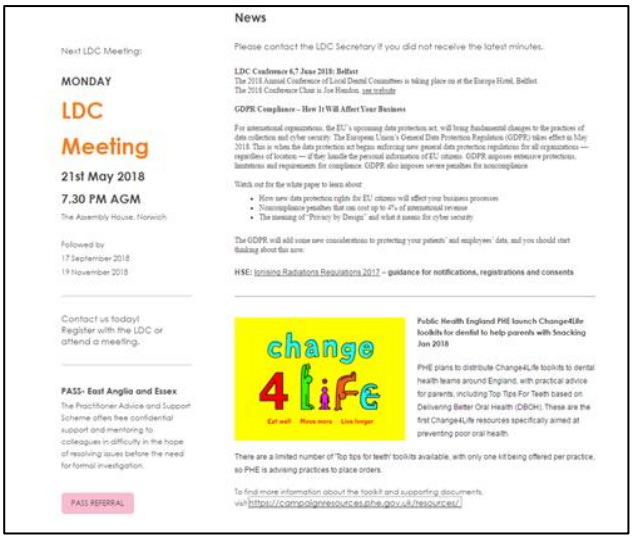
NHS Digital is a repository for information on activity in NHS dental practice. These include the proportions of the child population seen within the last year and courses of treatment which include clinical prevention items application of fluoride varnish or fissure sealants. These data are used by NHS Local Area Teams for monitoring local services and have shown a small increase in the proportion of children attending and in provision of these two preventive items.

Table 1: Proportion of children seen by NHS dentist within past 12 months and preventive courses of treatment undertaken in recent years.

	2015-16	2016-17	Change
Proportion of children seen by an NHS dentist in the 12 months	57.6%	58.2%	↑ 0.6% increase
Courses of treatment including fluoride varnish application	4.1 mill	4.7 mill	↑ 13.9% increase
Courses of treatment including fissure sealant application	173,314	184,616	↑ 6.5% increase

Sources: NHS Dental Statistics, England: 2015-16 https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/nhs-dental-statistics-for-england-2015-16
NHS Dental Statistics, England: 2016-17: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/nhs-dental-statistics-for-england-2016-17

Dental professionals are also making use of the resources available on child oral health improvement and disseminating them across their networks. Examples include these below.



Sources: Sandwell LDN newsletter 2017
http://www.sandwellldc.org.uk/files/at_publications/LDN_Newsletter_Vol4_Jan17.pdf
Norfolk LDC website https://www.norfolkldc.co.uk/news/

5.2.4 Supporting commissioning & local delivery

Objective: Use the best evidence for oral health improvement

5.2.4.1 Support LAs and NHSE to use best evidence to improve oral health locally

In an effort to focus prevention and help reduce inequalities in oral health across England, PHE have produced a report to be a focus for discussion and decision making at a local level:

- **Using data to identify local authority area variation in child oral health, PHE, 2018.**

This data analysis has enabled identification of 30 UTLA areas where child oral health is poor. The data shows that 10 of these LAs have made significant improvements in decay levels among 5 year olds and have demonstrated this within a 9 year period.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707179/Local_authority_area_variation_in_the_oral_health_of_five-year-olds.pdf

- **National stocktake of oral health improvement interventions targeting 0-5 year-olds commissioned by local authorities, PHE 2017.**

This comprehensive assessment showed that the majority (77%) of local authorities were commissioning evidence informed oral health improvement programmes for 0-5 year olds. The most commonly commissioned programmes included oral health training of the wider professional workforce (71%), healthy food and drink policies (57%) and supervised toothbrushing in early years settings (51%).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707180/Oral_health_improvement_programmes_commissioned_by_local_authorities.pdf

5.2.4.2 Support Local Authority's Health and Wellbeing agenda for water fluoridation

PHE provides information for LAs considering water fluoridation. It also ensures health monitoring in water fluoridated areas. Two documents support this area of the work.

- **Improving oral health: community water fluoridation toolkit, PHE, 2016.**

A toolkit to help local authorities make informed decisions on whether to implement, vary or terminate a water fluoridation scheme.
https://www.gov.uk/government/publications/improving-oral-health-community-water-fluoridation-toolkit

- **Health monitoring report for England 2018, PHE & DHSC, 2018.**

PHE publishes water fluoridation health monitoring report.
New report shows water fluoridation helps reduce tooth decay and that there is no convincing evidence of adverse health effects.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/692754/Water_Fluoridation_Health_monitoring_report_for_England_2018_final.pdf

5.2.4.3 Provide evidence of what works to improve child oral health

An important piece of work was the publication of guidance on cost effective interventions for improving the oral health of children and young people.

- Guidance. Improving the oral health of children: cost effective commissioning, included:
- A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0 to 5 years
- Return on investment of oral health improvement programmes for 0 to 5 year olds: infographic
- Return on investment of oral health interventions tool

https://www.gov.uk/government/publications/improving-the-oral-health-of-children-cost-effective-commissioning

5.2.5 Dissemination & communication

Objective: Child oral health improvement information is communicated effectively

Child oral health issues and advice have been communicated to the public and health care providers as opportunity arises. Examples include:

- Health Matters - Your questions on child dental health. Posted by: Sandra White, Posted on: 28 June 2017
- Health Matters: Tackling child dental health issues at a local level. Posted by: Sandra White, Posted on: 19 June 2017
- Health Matters: Child dental health. Posted by: Sandra White, Posted on: 14 June 2017
- Time to tackle tooth decay in children. Posted by: Kevin Fenton and Sandra White, Posted on: 23 May 2016.
- Water fluoridation- what it is and how it helps dental health. Posted by: Sandra White, Posted on: 13 April 2016.

- DBOH referenced by the Royal College of Paediatrics and Child Health in 'Top Tips for a Healthy Smile' April 2018.
- Sandra White interview in the British Dental Journal. Volume 221 No 11. December 9 2016. http://www.bdj.co.uk
- Professional Association for Childcare and Early Years (Pacey): Child dental health published in the PACEY 'Childcare Professional' magazine for Childminders. The article includes information from the RCS and PHE and provides guidance to the members on how to encourage good oral health in their settings. The website links to further tools and guidance. The magazine reaches around 30,000 practitioners.
- Editorial in the Nursing Times: Professor Viv Bennett CBE, discusses the impact of poor oral health. The article is on the Nursing Times digital edition: https://www.nursingtimes.net/clinical-archive/public-health/improving-oral-health-what-can-nurses-do-to-help/7020897.article
- Mumsnet – article on child oral health https://www.mumsnet.com/child/preventing-tooth-decay-in-babies-and-children
- Best Beginnings: Led by Best Beginnings, updated the oral health content on the Best Beginnings Baby Buddy app. New content applicable up to 6 months post-natal has been added to the app.
- Change4Life Top Tips for Teeth Toolkit for dental professionals dental briefing resource (2018) has three main messages for parents: Be sugar smart, brush your teeth twice a day and visit the dentist regularly. https://campaignresources.phe.gov.uk/
- Godson J, Csikar J, White S. Oral health of children in England: a call to action! Archives of disease in childhood. 2017 Oct 12:archdischild-2017. http://adc.bmj.com/content/103/1/5.altmetrics Online download statistics Oct 2017 to May 2018. Total: 2,979 (Abstract); 1,632 (Full); 366 (pdf)
- Oge OA, Douglas GV, Seymour D, Adams C, Csikar J. Knowledge, attitude and practice among Health Visitors in the United Kingdom toward children's oral health. Public Health Nursing. 2018 Jan;35(1):70-7.

5.2.5.1 Supporting public health: children, young people and families

Documents to support local authorities and providers in commissioning and delivering children's public health services aged 0 to 19 years; https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

These documents identify 6 areas where health visitors have the highest impact on the health and wellbeing of children aged 0 to 5 years and a further 6 areas for school aged children from 5 to 19 years.

- The improving oral health for children and young people infographic can be downloaded here. https://vivbennett.blog.gov.uk/wp-content/uploads/sites/90/2016/11/Improving-oral-health-for-children.pdf

Table 2: Summary of child oral health downloads between 1st January and 5th June 2018

Output	Total Downloads
COHIPB action plan infographic	1,039
Cost effective commissioning:	
Rapid Review	1,556
Return of Investment (ROI) Infographic	1,078
ROI excel tool	1,038
Health Matters – Child Dental Health	23,783
Child oral health: Applying All Our Health	2,066
Delivering Better Oral Health:	
Main	33,094
Summary	9,946
Quick guide	5,466
Supervised toothbrushing	1,991
Heath Visitor Infographic	3,223

Other tools and resources available to support the promotion of children's oral health can be found in Appendix F.

6. Initial media and policy impact

The communication teams from COHIPB and partner organisations have reciprocally supported each other's media campaigns and achieved significant media interest in

child oral health as a consequence. For example a recent media campaign from the Royal College of Paediatrics and Child Health focused on children's oral health and the Local Government Association have used three oral health case studies (Brent, Blackpool and Middlesbrough) in some of their recent publications. Within PHE, COHIPB have successfully worked on several national Change 4 Life campaigns. In January 2018 the oral health harms of sugar were highlighted in the Change 4 Life media campaign and a Top Tips for Teeth toolkit for dental professionals was jointly produced with the Change 4 Life team. The activities of COHIPB working across partner organisations to improve child oral health was recently reported in Hansard (28th March 2018) https://www.theyworkforyou.com/wrans/?id=2018-03-21.133805.h&s=child+oral+health+improvement+programme+board#g133805.r0

Early policy impacts that have helped to raise the profile and importance of oral health across professional groups and government departments have included child oral health now being recognised as a priority under the *Evidence in Action Best Start in Life Programme* and oral health is now included in all the mandated *Healthy Child Programme* contacts. On-going collaboration with colleagues from the Department of Education on various initiatives is also highlighting opportunities for oral health improvement in school settings.

7. Conclusion

Oral health is an important component of health and well-being. However despite being preventable, dental caries in children and young people remains a major public health problem in England. Since its launch in 2016 the COHIPB has established itself as an important strategic forum that has successfully brought together a wide and diverse range of professional partners and stakeholders all committed to improving child oral health and tackling oral health inequalities. In its first year the Board has achieved a great deal principally through its collaborative efforts and joint working. The *Evaluation Working Group* will continue to monitor the Board's activities, outputs and ultimately outcomes.

8. Acknowledgements

Many thanks to the Evaluation Working Group (Jenny Godson, Diane Seymour, Dr Gill Davies, Dr Julia Csikar, Semina Makhani, Dr Rebecca Craven, Renato Venturelli, Dr Stefan Serban and Matt Gill), External Reference Group (Professor Lorna MacPherson, Professor Tim Newton, Professor Blanaid Daly and Professor Zoe Marshman) and partner organisations for their helpful comments on this report.

9. References

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10. Table of Appendices

Appendix A Children Oral Health Improvement Programme Board's Partner Organisations

Organisation	Board Member
PHE Chair	Jenny Godson, Oral Health Improvement Lead
NHS England	Janet Clarke, Deputy Chief Dental Officer
Department for Education (For Information)	Susie Owen Deputy Director, Early Years - Department for Education
Department of Health	Helen Miscampbell , Section Lead Dental and Eyecare Division
DH	Grant Hibbard, Policy Officer, Child Health and Vulnerable Groups / Inequalities. Children, Families and Communities team
Public Health England	Sheena Carr, Programme Lead, Early Years
PHE	Helen Hampton, Deputy Director Partnerships – Marketing
PHE	Clare Perkins, Head of Risk Factors Intelligence
PHE	Eustace de Sousa, National Lead, Children, Young People and Families
PHE	Helen Duncan, Programme Director, National Child and Maternal Health Intelligence Network
PHE	Marilena Korkodilos, Deputy Director Specialist Public Health
PHE	Andrew Furber, PHE Centre Director Children's/Oral Health Lead
PHE	Sandra White, Director of Dental Public Health
Faculty of General Dental Practice (UK)	Roshni Karia, Board member
PHE	Penny Greenwood, School and Community Nursing
PHE	Victoria Targett, Diet and Obesity
Health Education England and COPDEND	Nicholas Taylor, Dean of Post Graduate Dental Education Chairman of COPDEND/ Andrew Dickenson, HEE
HENRY	Di Swanston, Policy & Communication Manager
Institute of Health Visitors	Cheryll Adams, Chief Executive IHV/ Philippa Bishop, Training Programme Manager, Institute of Health Visiting
Royal College Surgeons	Nigel Hunt, Immediate Past Dean of the Faculty of Dental Surgery Michael Escudier, Dean of the Faculty of Dental Surgery
UCL Eastman Dental Institute	Nigel Hunt, Chairman of Division of Craniofacial and Developmental Sciences, Head of Unit of Orthodontics
ADPH	Vacant
City Healthcare Partnership	Elizabeth O'Sullivan, Consultant in Paediatric Dentistry
Local Government Association	Samantha Rahaman, Adviser Children's Health
British Society of Peadiatric Dentists	Clare Ledingham, Consultant in Paediatric Dentistry
British Dental Association	Arianne Matlin, Health and Science Policy Adviser
PHE	Jamie Mills, Communications Officer
UCL	Richard Watt, Chair and Honorary Consultant Dental Public Health
Best Beginnings	Alison Baum, CEO and Founder
PHE	Diane Seymour, Child Oral Health Improvement Programme Board Manager
PHE/BASCD	Semina Makhani, Consultant in Dental Public Health
PHE	Julia Csikar, Dental Public Health Senior Manager
PHE	Lina Toleikyta, Public Health Manager Health, Equity and Impact
PHE	Matt Gill, Senior Public Health Lead
PHE	Alison Morton, Best Start in Life Programme Manager

Appendix B

Public Health England

CHILDREN'S ORAL HEALTH IMPROVEMENT PROGRAMME BOARD

Terms of Reference: Evaluation Working Group

Purpose

Public Health England (PHE) Children's Oral Health Improvement Programme Board (COHIPB) has formed an Evaluation Working Group to oversee the evaluation and monitoring of the wide and diverse spectrum of activities being undertaken by the COHIPB and in particular to assess progress in achieving its core objectives:

- We will ensure that child oral health is on everyone's agenda.
- The early years and dental workforce have access to evidence-based oral health training.
- We use oral health data and information to best effect
- We all use the best evidence for oral health improvement.
- Child oral health improvement information is communicated effectively.

In summary the Evaluation Working Group will adopt a pragmatic/realist approach to evaluation and will focus in particular on the implementation processes linked to the various COHIPB work streams. Achievements, barriers and any specific outcomes will be reviewed and assessed to understand the implementation processes. A logic model will be produced to provide an overview of the COHIPB inputs, activities, outputs and short, medium and longer-term outcomes.

Working Group membership

The Evaluation Working Group will be chaired by Professor Richard Watt (UCL) and the membership will include Jenny Godson, Diane Seymour, Dr Gill Davies, Dr Julia Csikar, Semina Makhani, Dr Rebecca Craven, Renato Venturelli, Dr Stefan Serban and Matt Gill. The Working Group will meet on a quarterly basis before each COHIPB meeting.

External Reference Group

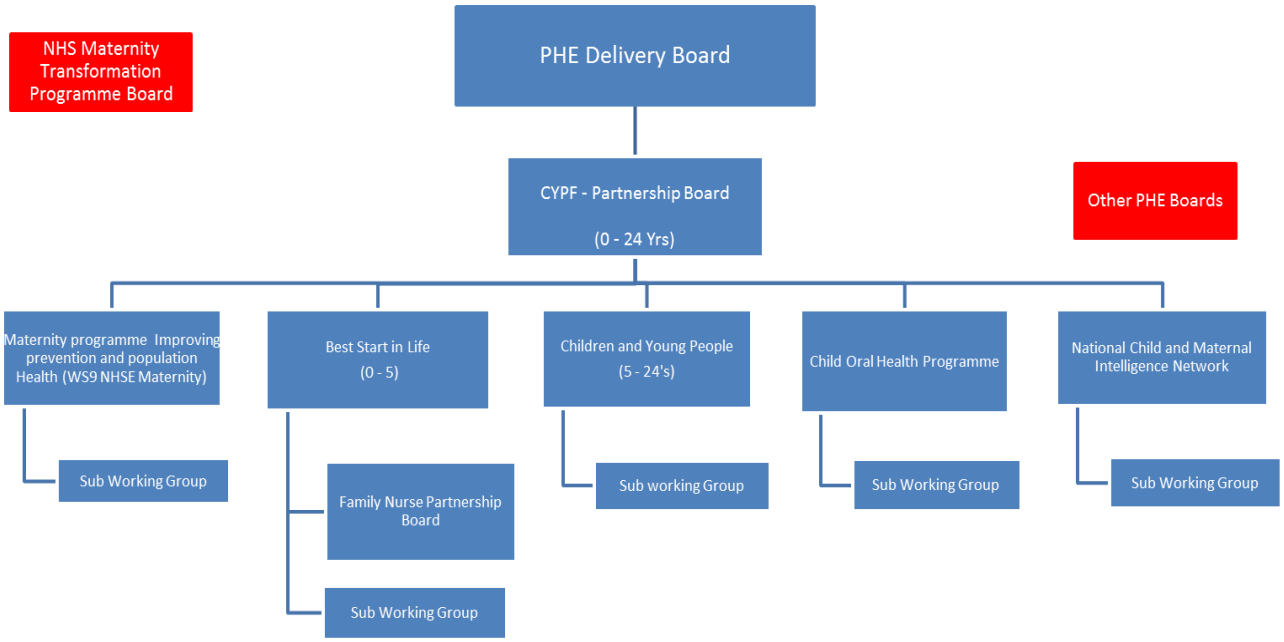
In addition to the Evaluation Working Group, a small External Reference Group will also be formed to provide external and independent advice and support on evaluation issues. This External Reference Group will comprise of Professor Lorna MacPherson (University of Glasgow), Professor Tim Newton (Kings College London), Professor Blanaid Daly (Trinity College Dublin) and Professor Zoe Marshman (University of Sheffield).

The External Reference Group will provide expert advice and guidance on the evaluation approach being adopted by the Evaluation Working Group and perform the role of independent 'critical friend' on the overall activities of the COHIPB.

Outputs and Reporting

The Evaluation Working Group will report on a quarterly basis to the COHIPB and produce an annual evaluation report. It will also report to PHE Children, Young People and Families Partnership Board 0-24 Years which provides governance for the Children's Oral Health Improvement Board and then ultimately to the PHE Delivery Board (Figure 1).

Figure 1: PHE CHILDREN, YOUNG PEOPLE AND FAMILIES LIFECOURSE GOVERNANCE



Appendix C

Logic Model - Action Plan 2016 – 2020 *'every child grows up free from tooth decay as part of having the best start in life'*

Input

Strategic engagement and partnerships for children's oral health improvement

Children's Oral Health Improvement Programme Board

PHE, DfE, RCS, RCPCH, HEE, BDA, NHSE, LGA, HENRY, FGDP, IHV, CDO, BSPD, Leeds School of Dentistry

Activities

STRATEGIC DEVELOPMENT

- Children's oral health is included in key national strategies, reports and documents promoting child health and wellbeing.
- Influence the levers for behaviour change through early years settings by promoting awareness and dissemination of information.
- Increase the oral health content within the Personal Child Health Record.
- OH within the childhood obesity strategies and on the sugar reduction and reformation agenda.
- Maintain dental indicators within the PHOF, Child Health Profiles and NHSOF.
- Ensure oral health interventions are included at each of the mandated contact points of the Healthy Child Programme.

TRANING & CAPACITY BUILDING

- Develop necessary tools and standards for workforce.
- Develop oral health element in national curriculum and CPD for HVs and SNs.
- DBOH translation: Standardisation of training for postgraduate dentists and DCPs, e-den foundation training modules.
- Develop OH training resources, e-learning resources for public health nurses, EYs workforce and pharmacists.

ORAL HEALTH DATA & INFORMATION SYSTEMS

- Improve the quality and utility of the dental general anaesthetic (GA) admission data.
- Scope reporting format and current use of HSCIC data (preventive prescriptions).
- Publish the PHE DEP survey data for 5, map hot spots by LA and scope LAs OH programmes and OH commissioning arrangements.
- Benchmark equity of dental access for children in England using FP17.
- Maternity and Children dataset review to support dental health and advise gap.
- Develop Commissioning Standard for unscheduled care.
- Sugar free medicine development - working with pharmacists.
- Use Dental Networks to make the best use of intelligence to support LAs.

SUPPORTING COMMISSIONING & LOCAL DELIVERY

- Establish the feasibility of a programme to increase access to fluoride toothpaste.
- Support LAs and NHSE to use of best evidence to improve oral health locally (DBOH, CBOH, NICE PH55).
- Develop model national service specifications for/ or to include OHI.
- OH input 0 -19 Service Specifications and in PHE High Impact Areas for HVs and School Nurses.
- Support LA's Health and Wellbeing agenda for water fluoridation.
- Provide evidence of what works to improve child oral health (SACN, PHE evidence review on sugar).
- Commission RoI OHI interventions.
- Improve OH of under 5's in 10 high need areas.
- Optimise OH advice and support provided by HVs to parents of children at the mandatory 12 month home visit.

DISSEMINATION & COMMUNICATION

- Provide high quality dental health information and communication for parents and carers: phone app, Start for Life information service for parents, iHV –parent tips, voices and facebook, Health Matters.
- NHS Choices review the OH content for early years to align with DBOH.
- LGA briefings and case studies for elected members on 0-19 commissioning.
- Clear signposting for parents.
- Dental Check by One and Smile4Life.
- Logic model to measure the impact of healthcare professionals OH advice.

Outputs

Ensure child oral health is on everyone's agenda. E.g. engage with all relevant health and social professionals through effective dissemination.

Oral health data and information is used to the best effect. E.g. ensure effective use of high quality oral epidemiological data (local, regional & national) to inform policy and advocacy activities.

Early years and dental workforce have access to evidence based oral health improvement training. E.g. ensure training resources are available to wider workforce and are directly informed by DBOH.

Use the best evidence for oral health improvement. E.g. importance of regularly updating DBOH and effective dissemination to relevant stakeholders.

Child oral health improvement information is communicated effectively. E.g. need for effective communication strategy to disseminate relevant oral health data to key stakeholders.

Outcomes

Short Term

Oral health content highlighted in relevant policy documents.

Improvement in oral health knowledge and attitudes of early years, children's services and dental workforce.

Oral health data collected and accessible to different key stakeholders.

Improvement in quality of commissioning of oral health improvement interventions.

Produce and regularly update core evidence based information for oral health improvement interventions (clinical and community).

Medium Term

Adoption/implementation of policy – change in physical and/or social environments conducive to good oral health.

Appropriate oral health advice offered by early years, children's and dental workforce.

Oral health data used to inform policy and practice by relevant stakeholder.

Development of a range of high quality service specifications for local and/or national oral health improvement interventions.

Appropriate oral health content embedded across different IT systems in line with evidence base.

Long Term

HEALTH GAIN
Reductions in the numbers of children with tooth decay.

REDUCE IMPACT OF ORAL DISEASE
Fewer general anaesthetics for tooth decay.
Fewer missed school days and days off for parents.
Fewer sleepless nights for children and carers
School readiness.

REDUCE ORAL HEALTH INEQUALITIES
A reduction in the oral health gap for disadvantaged families.

REDUCE NHS COSTS
Treatment costs.
GA costs.

Appendix D

Public Health England

Children's Oral Health Improvement Programme Board Action Plan 2016 - 2020

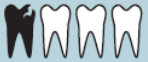
Our ambition is that every child grows up free from tooth decay as part of having the best start in life

By working together across health, education and the voluntary and community sector we will deliver on our five objectives:

1. We will ensure that child oral health is on everyone's agenda by making sure that children's oral health is included in key national documents promoting child health and wellbeing

2. The early years and dental workforce have access to evidence based oral health training. For example by commissioning an update of the e-learning oral health module of the Healthy Child Programme to enable health visitors to support families with the best information

3. We use oral health data and information to best effect by publishing dental survey data such as for 5 year old children every 2 years



Nearly a quarter (24.7%) of 5 year olds have tooth decay (PHE 2016)

4. We all use the best evidence for oral health improvement we will support this by publishing what works such as reviews of the effectiveness and cost effectiveness of oral health programmes

5. Child oral health improvement information is communicated effectively to parents through public facing information. For example NHS Choices and Change4life sugar smart campaign

What will success look like in 2020?

This will mean more children have fluoride protection on their teeth and consume less sugar in their food and drinks.

This will lead to:

Fewer general anaesthetics for tooth decay

Fewer sleepless nights

Fewer missed school days and days off work for parents

Less pain from tooth decay

Reductions in the numbers of children with tooth decay

A reduction in the oral health gap for disadvantaged familes

PHE Publications gateway number: 2016312

Appendix E

COHIPB evaluation of outputs (RAG rating signifies the availability of evaluation information or data)

Output	Action	Area of evaluation - activities	Type	Summary of evaluation	Outcomes	Priority	Partner/ lead/access
1. Ensure Child oral health on everyone's agenda	**Strategic development**						
	1.1	OH included on key national strategies	Quant	Monitoring reports & publications	**Short term:** Oral health content highlighted in relevant policy documents. **Medium term:** Adoption /implementation of policy. Change in physical and/or social environments conducive to oral health.		All COHIPB partners
	1.2	Influence levers for behaviour change	Mixed	How many EY's settings have used supervised TB OH as part of criteria for meeting Early Years Foundation Stage Strategic Framework?			All COHIPB partners/DfE/PHE Stocktake
	2016/17	OH in Personal Child Health Record (PCHR)	Quant	Monitoring report. Data (CHIMAT) collection - what proportion of 7-9 month health visitor assessments included an oral health intervention (Brushing for life)?			NHSE, RCPCH
	2016/17	OH within mandated HV contact points	Quant	Data collection of OH at mandated contacts 12 mths and 2-2 1/2 (from LAs which collect this information)			NHSE/PHE

Output	Action	Area of evaluation - activities		Summary of evaluation	Outcomes	Priority	Partner/ lead/access
2. Early Years and dental workforce have access to evidence based oral health improvement training	**Training & capacity building**						
	2.1a	HV Infographic			**Short term:** Oral health content highlighted in relevant policy documents. **Medium term:** Adoption /implementation of policy. Change in physical and/or social environments conducive to oral health.		
	2.1b	Development of oral health element in HV National curriculum	Mixed	Process: product delivered? Independent review of quality & impact			PHE, IHV,
	2.3a	Standardisation of PG training e-den foundation DBOH module Update of session content	Mixed	Process: product delivered? website monitoring of usage Analysis of responses in e-learning			HEE/RCS/PHE
	2.4a	HCP e-learning oral health improvement	Mixed	IHV (?) and e-LfH to look at numbers accessing training from website. Summary report e-Learning - completed by external OHP team			iHV, e-LfH, PHE West Midlands OH Promotion Group
	2.4c	Oral health improvement in Pacey magazine	Quant	Monitoring distribution and collecting data on changes due to article			PHE, PACEY
	2.4c	Pacey producing guidance on OH (due in Q3)	Qual	Qualitative study of change in practice in response to guidance			PHE, PACEY
		All Our Health – child oral health developed	Quant	Quantitative -monthly analysis of webpage			PHE
	2.5	Health For All Children 5	Quant	When published			HEE, PHE
	2.6	Pharmacy champions/ advice sheet	Mixed	Process: fact sheet produced?, website monitoring			PHE/RPS/RCS
	2.7	Pharmacy CPPE e-learning oral health/pharmacist session	Quant	Quantitative: e-learning training – website monitoring Quiz responses on CPPE website			RCS/UCL Eastman Dental Institute/CPPE

Output	Action	Area of evaluation - activities		Summary of evaluation	Outcomes	Priority	Partner/ lead/access
3. Oral health data and information is used to the best effect	**Oral Health data & Information Systems**						
	3.1	Improve the quality and utility of the dental general anaesthetic (GA) admission data	Mixed	Process: data collection change delivered? Review impact of change.	**Short term:** Oral health data collected and accessible to different key stakeholders **Medium term:** Oral health data used to inform policy and practice by relevant stakeholders		NHSE/PHE
	3.2	Scope reporting format and current use of HSCIC data (preventive prescriptions)	Quant	Monitoring FP17 data HSCIC for proportions of age groups seen by NHS dentist in last year, FVAs, FS. Survey LDNs/NHSE on use of data.			NHSE/PHE
	3.3 & 3.6	Publish the PHE DEP survey data for 5 yr olds, map hot spots by LA and scope LAs OH programmes and OH commissioning arrangements	Mixed/ Quant	Process: product delivered, website monitoring, analysis of Data/ Variation report			PHE/LGA
	3.4	Benchmark equity of dental access for children in England using FP17	Quant	Monitoring of FP17 data HSCIC/NHSE Inequalities report			PHE/NHSE/DH
	3.5	Maternity and Children dataset review to support dental health and advise gap	Qual	Process: review & report. (see action on Delivery Plan)			CHIMAT
	3.7	Develop Commissioning Standard for unscheduled care	Mixed	Process: standard produced? Use case studies/ pathways Website monitoring.			PHE/NHSE
	3.10	Survey of OH Imp programmes and commissioning arrangements in LA	Mixed	Data collection and report			PHE/LGA
	3.11	Use Dental Networks to make the best use of intelligence to support LAs	Mixed	Process: case reports			PHE/LDN
	3.12	Oral health chapter in 'Complementary feeding for infants (SMCN)	Mixed	Process: Monitoring of downloads from website Qualitative – user evaluation			PHE

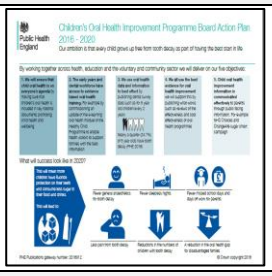
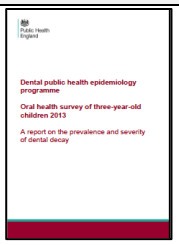
Output	Action	Area of evaluation - activities		Summary of evaluation	Outcomes	Priority	Partner/ lead/access
4. Use the best evidence for oral health improvement	**Supporting commissioning & local delivery**						
	4.2	Support LAs and NHSE to use best evidence to improve oral health locally (DBOH, CBOH, NICE PH55)	Quant	Process: LA stocktake & scoping reports. Y&H LA audit of Tooth-brushing toolkit (+ other audits)	**Short term:** Improvement in quality of commissioning of oral health improvement interventions **Medium term:** Development of a range of high quality service specifications for local and /or national oral health improvement interventions		PHE/NHSE/LGA
	4.3a	Develop model national service specifications for/ or to include OHI (Service Descriptors and Service Specs)	Mixed	Process: product delivered.(Yes) LA stocktake & scoping. Independent review of quality & impact eg Y&H audit			PHE/NHSE/LGA
	4.3b	OH input 0 -19 Service Specifications and in PHE High Impact Areas for HVs and School Nurses	Mixed	Process: product delivered. Numbers downloaded. Independent review of quality & impact (check WN)			PHE/NHSE/IHV
	4.3c	HV/SN/PN oral health infographic produced	Quant	Process: product delivered. Monitoring of usage? Check WN			PHE
	4.4	Support LA's Health and Wellbeing agenda for water fluoridation.	Mixed	Monitor requests for support & assess outcomes Case Studies Quantitative – requests for toolkit.			PHE
		Provide evidence of what works to improve child oral health (SACN, PHE evidence review on sugar)	Quant	Process: outputs to professions and key stakeholders, website monitoring			PHE
	4.6	Commission Rapid Review, develop RoI toolkit and infographic of OHI interventions	Mixed	Website monitoring downloads of review; infographic and toolkit: LA feedback/reports Case studies			PHE
	4.9 See 3.2	Improve OH of under 5's in 10 high need areas	Mixed	PHE DEP data – variations report			PHE/NHSE/LGA
	4.10	Establish feasibility of embedding oral health into parenting	Qual	Evaluation of pre and post parent questionnaires and facilitator			Leeds Uni/HENRY/PHE

Output	Action	Area of evaluation - activities		Summary of evaluation	Outcomes	Priority	Partner/ lead/access
		programme		reviews			
	4.11	Starting Well	Mixed	Programme evaluation Check KJ			NHSE/PHE
	4.12	Optimise OH advice and support provided by HVs to parents of children at the mandatory 12 month home visit	Qual	Process: product delivered?, Independent review of quality & impact, CHIMAT routine data			HEE/IHV/PHE/UoL
	4.13	New OH chapter in HENRY Healthy Start best practice handbook for health and EY s practitioners		Process: Product delivered.			HENRY

Output	Action	Area of evaluation - activities		Summary of evaluation	Outcomes	Priority	Partner/ lead/access
5. Child oral health improvement information is communicated effectively	**Dissemination & communication**						
	5.1	Explore opportunities with Change4Life to focus on oral health	Mixed	Process: product delivered. Website monitoring.	**Short term:** Produce and regularly update core evidence-based information for oral health improvement interventions(clinical & community) **Medium term:** Appropriate oral health content embedded across different IT systems in line with base evidence		PHE
	5.2	NHS Choices review the OH content for early years to align with DBOH	Quant	Process: product delivered. Independent review of quality			PHE/NHS CHOICES
	5.3b	LGA briefings and case studies for elected members on 0-19 commissioning.	Quant	Process: production? Use? Website monitoring.			LGA/PHE
	5.4	Produce Child dental health edition of PHE Health Matters and published.	Mixed	Process: Quantative: downloads from PHE website; Numbers during launch phone- in. Qualitative: evaluation with group who phoned in?			PHE
	5.7	Dental Check by one (DCby1)	Mixed	Process: Qualitative: Media coverage; website hits, organisations using logo			BSPD
	5.8	Smile4Life Step Change	Mixed	Process: Dental media coverage, Website hits Outcome: BSA data check on COT pre2yrs, Smile4Life has own evaluation programme			BDA/ NHSE/OCDE/PHE
	5.9	Best Beginnings – review and update Baby Buddy app and develop video.	Quant	Process: Number of times Baby Buddy app used; Evaluation of 'Ask me' me questions - % on oral health Training delivered by BB to LA on BB and evaluated.			Best Beginnings

Output	Action	Area of evaluation - activities		Summary of evaluation	Outcomes	Priority	Partner/ lead/access
	5.10	Contents of oral health messages in Growing Family magazine and 4 on-line articles on oral health reviewed to align with DBOH	Quant	To discuss with Bounty but monitoring of usage of on-line articles. Number of magazines			Bounty
	5.11	Logic model to measure the impact of healthcare professionals OH advice	Qual	Process: production Use? Website monitoring.			RCPH
Potential for reduction in health inequalities			Mixed	Analysis of variations using slope indices Inequalities report from DEP data	Outcome evaluation		PHE

Appendix F

Links to PHE COHIPB tools and resources to support the promotion of children and young people's oral health	
Children's Oral Health Improvement Programme Board (COHIPB) - Products	
The Board was officially launched on the 26th September 2016 with a communications event and a news launch on gov.uk which introduced the COHIPB Action plan infographic which details the 5 high level objectives of the board; how they will be delivered and what success looks like. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565325/action_plan_dental.pdf	
Delivering Better Oral Health – Guidance	
Delivering better oral health: an evidence-based toolkit for prevention (updated 2017) this is an evidence based toolkit to support dental teams in improving their patient's oral and general health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf Delivering better oral health summary guidance tables https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601833/delivering_better_oral_health_summary.pdf A quick guide to a healthy mouth in adults https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601835/healthy_mouth_adults_quick_guide.pdf A quick guide to a healthy mouth in children https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601834/healthy_mouth_children_quick_guide.pdf	
Child Dental Health and Breastfeeding A PHE evidence summary on current evidence and guidance on breastfeeding and dental health has been developed https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/04/PHE-Child-Dental-Health-and-Breastfeeding-April-2018.pdf	 PHE Child Dental Health and Breastfeed
Epidemiology	
The Public Health England (PHE), Dental Public Health Intelligence Programme supports the collection, analysis and dissemination of reliable and robust information on the oral health needs of local populations. These are some examples of data on the site: 2013 survey of 3-year-old-children Oral Health Survey of 5 year old children 2017 Dental Health Profiles 2015 Dental epidemiology toolkit	 

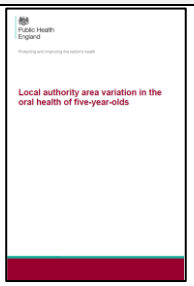
Research and analysis

Oral health of 5-year-old children in local authorities. Local authority area trends in the oral health of 5-year-olds and information on the commissioning of programmes to improve oral health in children

Local authority area variation in the oral health of 5 year olds

Oral health improvement programmes commissioned by local authorities

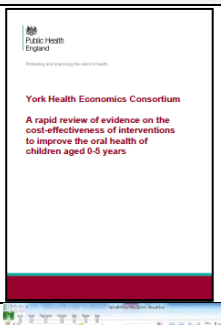
https://www.gov.uk/government/publications/oral-health-of-5-year-old-children-in-local-authorities



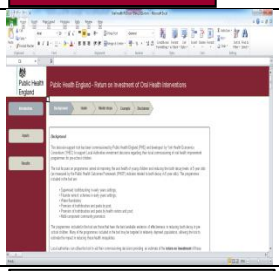
Return of investment (ROI) documents

A rapid review of the evidence of cost effectiveness of interventions to improve the oral health of 0-5 year olds. It provides updated economic evidence on oral health prevention measures since the review published by NICE in 2014 (PH55). It includes supervised tooth brushing, fluoride varnish, water fluoridation, provision of toothbrushes and paste, and interventions provided in home visits by health workers.

https://www.gov.uk/government/publications/improving-the-oral-health-of-children-cost-effective-commissioning

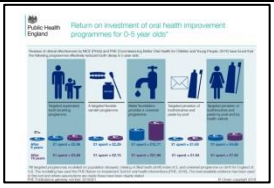


PHE commissioned a return on investment tool which includes 6 interventions which have high quality evidence of effectively reducing tooth decay for 5 year olds. These are:
Supervised tooth brushing in early years settings
Fluoride varnish schemes in early years settings
Water fluoridation
Provision of toothbrushes and paste by post;
Provision of toothbrushes and paste by health visitors and post



Infographic which summarises the ROI of the 5 interventions using modelling data.

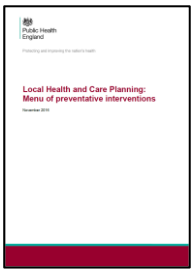
https://www.gov.uk/government/uploads/systeattachmentm/uploads/_data/file/560973/ROI_oral_health_interventions.pdf



Local Health and Care Planning: Menu of preventative interventions

This document outlines public health interventions that can improve the health of the population and reduce health and care service demand. It includes oral health interventions In Section 12: Maternity and early years.

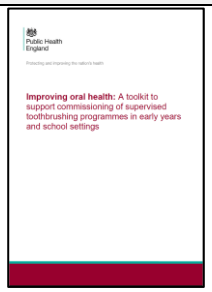
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565944/Local_health_and_care_planning_menu_of_preventative_interventions.pdf



Supporting supervised tooth brushing

A resource to support commissioners and providers of supervised tooth brushing programmes in schools and early years settings in England, to gain assurance that they are commissioning and delivering high quality programmes
A PHE toolkit to support supervised tooth brushing programmes in early years and school settings

The 'Smiles 4Children' A tooth brushing feasibility report which shows the deliverability, acceptability and cost of an early years supervised tooth brushing scheme. This was published in Dec 2016 on the foundation years website.



Workforce

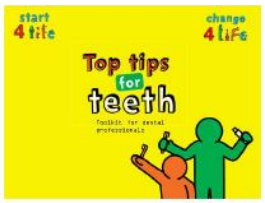
An e-learning resource, the update of the oral health promotion module of the RCPCH Healthy Child Programme (HCP) on Health Education England's e-learning for Healthcare was published on the e-LfH http://www.e-lfh.org.uk/programmes/healthy-school-child/, It has been updated with new content and video. The resource is aimed at the early years workforce including health visitors, nurses and the child health team.
For public health staff groups outside the NHS the Oral Health session is available on The Healthy Child Programme Open Access webpage http://www.e-lfh.org.uk/programmes/healthy-child-programme/sample-sessions/. It is the third session in the list.

infographic developed by the DPH and the C&YP teams for public health nurses, which highlights top tips for oral health improvement and aligns to the 4-5-6 model
This Infographic for health visitors, school nurses and practice nurses was circulated through the Chief Nurse to the early years and CYP workforce.
https://www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models

Communication: launch blogs

Launch of the COHIPB
https://www.gov.uk/government/news/launch-of-the-childrens-oral-health-improvement-programme-board
Sandra White's blog https://publichealthmatters.blog.gov.uk/2016/09/27/getting-our-teeth-into-child-oral-health/
During the Week of Action on Children and Young People in November an oral health blog https://vivbennett.blog.gov.uk/2016/11/01/supporting-children-to-improve-oral-health-by-jenny-godson/
A blog by Wendy Nicholson on the importance of health visitors for Child Oral Health: http://bit.ly/2cySnen was also available.

Publications from board partners which include oral health	
Information to support commissioning of local infant feeding services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538344/Commissioning_infant_feeding_services_a_toolkit_for_local_authorities__Part_2_.pdf	
High Impact areas Documents to support local authorities and providers in commissioning and delivering children's public health services aged 0 to 19 years. Includes oral health improvement information. https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children	
The Royal College of Paediatric and Child Health Personal Child Health Record (Red Book) oral health page was updated in 2016 http://www.rcpch.ac.uk/improving-child-health/public-health/personal-child-health-record/personal-child-health-record	
Resources	
Oral health information is also found in Public Health England's new Best start in life knowledge hub which brings together information and evidence in one place to help commissioners, providers and professionals in commissioning for better outcomes. The knowledge hub is freely available at www.chimat.org.uk/beststart	
All Our Health – Children http://bit.ly/2ailHEY Evidence and guidance to help healthcare professionals improve child oral health. https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health	
Health Matters: child dental health (June 2017) This resource outlines how health professionals can help prevent tooth decay in children under 5 as part of ensuring every child has the best start in life. https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health Resources include: Infographics Health Matters blog Health matters video Case Studies: Healthy Teeth, Happy Smiles! Leicester City Council and Smile4Life in North West England	
Example menus and useful guidance for early years settings to help meet the Early Years Foundation Stage requirements for food and drink. These menus will serve as an important tool to help early years professionals plan healthy meals. https://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england)	

Resources from COHIPB partners	
Change4Life Top Tips for Teeth Toolkit for dental professionals dental briefing resource (2018) The dental toolkit is part of the campaign to help families to choose healthier snacks. Change4Life is providing parents with a simple new tip – Look for 100 calories snacks, two a day max. The dental toolkit has three main messages for parents: Be sugar smart, brush your teeth twice a day and visit the dentist regularly. It is available from: https://campaignresources.phe.gov.uk/	
Change4Life Be Food Smart app (Jan 2017) The app alerts parents to the hidden sugar, saturated fat and salt in everyday food and drink, and highlight the harm this can do to their child's health, including oral health. The new app enables families to make healthier choices by highlighting the amount of sugar, saturated fat and salt found in everyday food and drink. The app also has tips and suggestions for adults, activities for the kids and for the whole family. There is also a guide for dentists which provides dental specific key messaging and information on how dentists can support the Be Food Smart campaign and new app. http://campaignresources.phe.gov.uk/resources/campaigns/55/resources/2090	C4L_BeFoodSmart_D entistsBriefing_FINAL.p
Change4Life Be Food Smart breakfast cereal commercial Highlights the impact of sugar on oral health showing a disintegrating tooth https://www.youtube.com/watch?v=gswZ9wIFRCs	
The Royal College FDS have published a position statement on measures to reduce sugar consumption, and an infographic of children's dental facts/stats.	FDS Policy Stats Infographic_A4_AW v FDS position statement - Measures
BDA: Sandra White interview in the British Dental Journal. Volume 221 No 11. December 9 2016 www.bdj.co.uk	
Local Government Association (LGA) Tackling poor oral health of children – updated April 2016 http://www.local.gov.uk/documents/10180/7632544/L16-83+Tackling+poor+oral+health+in+children/5cb38916-bddb-4550-9f63-52d44f559591 Healthy futures Supporting and promoting the health needs of looked after children Just published (and includes an oral health case – study	

[Working with schools to improve the health of school-aged children](#) Published recently (Dec 2017) includes a case study 'Supporting city wide improvements in child oral health and management of a health weight' Leeds City Council.	
Professional Association for Childcare and Early Years (Pacey) Child dental health recently published in the 'Childcare Professional' magazine which is aimed at Childminders. The article includes information from the RCS and PHE and highlights the recent study undertaken with Action for Children on tooth brushing and provides guidance to the Professional Association for Childcare and Early Years (PACEY) members on how to encourage good oral health in their settings. There is also a feature on the website linking to further tools and guidance. The magazine reaches around 30,000 practitioners – and possibly more as the magazine may be shared among co-childminders and assistants.	How to prevent tooth decay.pdf 
The Nursing Times Nursing Times contributor, Professor Viv Bennett CBE, looks at the impact of poor oral health. The Improving Oral Health article is on the Nursing Times digital edition [https://www.nursingtimes.net/clinical-archive/public-health/improving-oral-health-what-can-nurses-do-to-help/7020897.article](#)	OH article in Nursing Times August 17.pdf
Mumsnet – article on child oral health [https://www.mumsnet.com/child/preventing-tooth-decay-in-babies-and-children](#)	
NICE Guidance and Quality Standards	
[Oral health: local authorities and partners (PH55)](#) makes recommendations on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community-based interventions and activities [Oral health promotion: general dental practice (NG30)](#) covers how general dental practice teams can convey advice about oral hygiene and the use of fluoride. It also covers diet, smoking, smokeless tobacco and alcohol intake Oral health promotion in the community. Quality standard [QS139]December 2016 [https://www.nice.org.uk/guidance/QS139](#) This covers activities undertaken by local authorities and general dental practices to improve oral health, focusing on people at high risk of poor oral health, or who find it difficult to use dental services.	