Section A: CPHE to complete	
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Guidance title:	Oral Health in Residential and Nursing: Expert Testimony - PHAC Meeting Manchester Wednesday 9th September
Committee:	PHAC 9th September 2015
Subject of expert testimony:	Oral Health in Residential and Nursing homes – Younger adults
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]
Very little published evidence to support guideline on oral health in care homes for younger adults	
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Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]

Preventive oral health and dental services for younger adults residing in care homes has subject to little research over the years. With the introduction of the Care and Community Act 1990, people with disabilities are no longer residing in large hospitals or institutions and have moved care homes within the community. Younger people in care homes make up approximately 4% of the care home population. These groups of younger adults (16-64yrs) comprise

- Learning disabilities – often with profound and multiple learning disability(PMLD)
- Autistic Spectrum Disorders
- Severe Mental Illness
- Acquired Brain Injury and neurological disorders
- Sensory impairments
- Dementia
- Severe physical disabilities
- Complex medical conditions
- Alcohol and substance disorders
- Rehabilitation and respite care

Many of the recommendations that will be made for oral health and dental services for older people in care homes will be applicable to younger adults. Oral health must

be recognised as an important element of health and wellbeing within local health and social care policies for local commissioning areas.

Certain issues have to be taken into consideration when developing services for younger adults in care homes. In contrast to older people who, on average, reside in care homes for 1-2 years, younger adults will live for many years in supported care, can have very specific and complex oral health care needs that require more specialised training for carers and the dental team, individual assessment and care planning approach as well as adaptations required for oral prevention and dental care provision.

The focus must be on prevention and with the introduction of Direct Access the use of skilled dental care professionals (DCP) is paramount in ensuring that care home staff are trained, that there are links to care home oral health champions, that oral care assessments and plans followed and monitored and mouthcare is integrated into every day personal care. Skilled in special care dentistry (SCD), DCPs should form the conduit (care pathway) between care homes and the local dental teams. Local dental teams may comprise General Dental Practitioners with enhanced skills in SCD, the salaried dental services and specialists in SCD.

Dental services must be accessible, with staff skilled or specialised in providing appropriate domiciliary care and dental premises that have environments that reflect the needs of the individual such as being dementia friendly, wheelchair accessible, responding to the individual needs of the care home resident. Some younger adults are moved regularly within the home care system, it would be beneficial for a dental passport to be created so that information about preventive care, techniques to help with care resistive behaviour, dental treatment provided such as sedation or general anaesthesia so that seamless dental care provision can be offered.

Example of integrated service for younger adults with disabilities living in care homes. Aneurin Bevan University Health Board.

All care homes for younger adults have been identified in Gwent by the Community Dental Service (CDS) and the offered oral health services. This comprises oral health care training of staff, encouragement to identify an oral health care champion, and the use or oral health risk assessments and care planning by oral health educators. Larger homes are offered annual clinical oral health risk assessment to identify new residents or to try and engage reluctant residents into accepting oral health care services. All residents registered with the CDS are seen for regular dental care and for oral prevention by dental care professionals (DCPs) either at the care home or in clinic as required, have individualised oral care preventive and treatment packages that includes one to one oral hygiene instruction to carers and residents, dietary advice, application of high fluoride varnish, denture cleaning advice and labelling, ensuring repeat prescriptions of high fluoride toothpaste or chlorhexidine digluconate as required, adaptations and specific advice on oral care and products. Referrals for domiciliary dental care are sent, emailed or telephoned centrally, triaged and sent to the GDS domiciliary dental practitioners or CDS depending on their disability. An Oral Health Improvement Practitioner (Dental nurse with enhanced skills) is employed by CDS and role is to support the GDS domiciliary providers to provide oral prevention at the care home on prescription of the GDP. The referral care pathway exists where advice and treatment from specialists in Special Care Dentistry is available.

Key recommendations

- Assess need through local surveys

- More research into oral health and younger adults in care homes
- Effective oral prevention programmes lead by OHE/DCPs
- Consistent mouthcare messages across health and social care
- National and local monitoring of oral health standards within care homes
- Robust care pathways to ensure all have access to oral prevention and care
- Build competence through training and sharing knowledge for commissioners, care home services and staff and dental teams and other health and social care professionals
- Oral health policy in all homes and identification of a mouthcare champion
- Each individual will have within their overall care plan an oral health care plan that includes a risk assessment that is evidence based/tested.
- Responsive needs led, appropriate, timely and accessible dental services
- Use of skill mix of dental staff such as oral health improvement practitioners
- Dental environment and premises that meets the needs of younger people with disabilities
- Special Care Dentistry specialist dental teams readily available for complex care
- Dental Passport
- Oral health information and methods of communication that is patient centred such as Easy read leaflets
- Patient, family and carer involvement in developing services

References (if applicable):

Valuing People's Oral Health: A good practice guide for improving the oral health of disabled children and adults DOH Dental and Eye Services Nov 2007

Delivering Better Oral Health: An evidence-based toolkit 3rd Ed 2014

Guidelines for the Oral Health Care for Long-stay Patients and Residents 1999 BSDH

Guidelines for the Development of Local Standards of Oral Health Care for Dependent, Dysphagic, Critically and Terminally Ill Patients 2000 BSDH

Oral Health Care for People with Mental Health Problems 2000 BSDH

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Clinical Guidelines & Integrated Care Pathways for Oral Health Care of People with Learning Disabilities Updated 2012 BSDH

Guidelines for the Development of Local Standards of Oral Health Care for People with Dementia *Gerodontology* 2006; **23** (Suppl. 1): 3-32

Guidelines for the Oral Healthcare of Stroke Survivors British Society of Gerodontology 2010

Dysphagia and Oral Health : Recommendations for the dental team for the management of oral health care of children and adults with dysphagia 2014 All Wales Special Interest Group/Special Oral Health Care www.sigwales.org

Oral Nutritional Supplementation and Oral Health: Recommendations for health care professionals to reduce the impact of Oral Nutritional Supplementation (ONS), sip feeding and nutritional advice on dental health 2009. All Wales Special Interest Group/Special Oral Health Care www.sigwales.org

Risma *et al* 2015 Spec Care in Dent

Group home caregivers comfort levels regarding physical resistance during hygiene care

MacGiolla Phadraig, Guerin, Nunn 2015 Spec Care in Dent

Should we educate care staff to improve oral health and oral hygiene of people with intellectual disabilities in residential care? Real world issues

Miniham et al 2014 J ADA

At home oral care for adults with developmental disabilities: a survey of caregivers

Wilert *et. al* 2011 Spec Care in Dent

Iowa Intermediate care facilities: an evaluation of care providers' attitudes toward oral hygiene care

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Improving the oral health of residents with intellectual and developmental disabilities : an oral health strategy

Fickett and Ross 2012 Intellectual and developmental disabilities 2012

Effectiveness of a caregiver education programme on providing oral care to individuals with intellectual and developmental disabilities

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Prabhu et al 2010 Spec Care in Dent

Access to dental care – parents and care givers views on dental treatment services for people with disabilities

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Staff training improved oral hygiene in patients following stroke

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Access to Special Care Dentistry part 4 Education

Brady et al 2008 Evidence Based Dentistry

Staff led interventions for improving oral hygiene in patients following stroke

Tiller , Wilson, Gallagher 2001 Community Dental Health

Oral health status and dental service use of adults with learning disabilities living in residential institutions and in the community

Cumella et al 2000 J of Intellectual Disability Research

Needs of oral care among people with intellectual disability not in contact with community dental service

Faulks 2000 Spec Care in Dent

Evaluation of longterm oral hygiene programme by carers of children and adults with intellectual disabilities