Section A: CPH to complete	
Name:	Carole Hill
Job title:	Asst. Health Improvement Manager – Tameside & Glossop Health Improvement Service.
Address:	*Health Improvement Team* *Acre House* *51a Manchester Road* *Denton* *M34 2AF* *Tel: 0161 366 2000*
Guidance title:	Guidance for local authorities on oral health improvement strategies
Committee:	NICE Public Health Advisory Committee B
Subject of expert testimony:	Working with vulnerable adults and older people at greater risk of poor oral health.
Evidence gaps or uncertainties:	Promoting oral health in adults living independently in the community who are at higher risk of poor oral health.
What are effective and cost effective approaches to working with adults and older people at higher risk of oral disease and who live independently in the community?	
Section B: Expert to complete	
Summary testimony:	

This presentation focuses on what the team feels contributes to the most cost effective approaches for adults and older people who are disadvantaged and at higher risk of oral disease.

The Pennine Care NHS Trust Oral Health Team is part of a wider health Improvement team. This team deliver a range of holistic core prevention services across Tameside, including Weight Management, Stop Smoking Services, Health Trainers and Health and Wellbeing courses. The Oral Health Team consists of four part time oral health advisors and a Bangladeshi Bi Lingual Oral Health Advisor. Because the team is relatively small, a capacity building approach is used to identify opportunities to work in partnership. Often, existing policies and procedures can be scrutinised and oral health preventive advice can be embedded quite easily into existing care pathways.

The Pennine Care NHS Trust Oral Health Team deliver a wide range of initiatives across the borough aimed at improving oral health and reducing deprivation related inequalities. These Initiatives include fluoride distribution schemes, these schemes provide a targeted population approach in reducing oral health inequalities. Information about appropriate fluoride toothpaste and suitable toothbrushes are distributed to 'At Risk' groups within the community, for example, parents of young children aged six months of age, clients who are recovering from substance misuse, older people cared for in their own homes, stroke survivors, and adults and older people who experience disability. They also offer a comprehensive training

programme aimed at partners who engage with vulnerable children, adults and older people and families.
These 'Core' targeted population approach services provide a foundation from which other more bespoke initiatives can be offered. For example working with local Drug and Alcohol Services, Home Care Providers, and Adult Primary Mental Health Services to ensure service users have up to date information on accessing NHS Dental Services. Increasing the availability and the affordability of fluoride tooth paste and brushes for more vulnerable adults and older people will ensure equity and reduce inequalities. The team are often asked to meet with clients to discuss their oral health needs and identify appropriate support.

The team use the 'Common risk' approach to oral health prevention as a rationale for joint working. It is well documented that oral health initiatives that are delivered in isolation can result in conflicting messages and, at worst replication of services (Sheiham, Watt 2000). The Common risk model enables us to demonstrate the importance of oral health and the risks to general health, often partners are unsure of the real impact of oral disease on their clients. The Common Risk model provides us with an opportunity to offer training to individual teams using evidenced informed information and advice which can identify suitable ways to support clients with their oral health care needs.

Although oral health has improved over the years for many people, we know that unacceptable differences in oral health still remain, especially for more vulnerable members of society (DOH 2005). We are aware that many of the more vulnerable people living in our community are already engaged with other services. Primary Care Teams, Social Care and the Third Sector Voluntary Services are ideally placed to share good practice and promote better oral health Care to their clients. By having the most up to date evidence informed information available, the focus can be redirected to preventing oral ill health rather than just treating disease.

The Oral Health Team continually looks for opportunities to work in collaboration with partners. All communities have existing ' assets' which can be harnessed and utilised to provide a more holistic health improvement offer to members of that community. Assets can include: voluntary groups, people, resources, existing training programmes, funding opportunities and members of the community. Utilising existing assets ensure oral disease is not seen in isolation, but is connected to wider lifestyle issues.

Building on existing 'Community Assets,' enables the team to provide a more cost effective way of delivering oral health prevention. The team co deliver training where possible to ensure oral health advice is embedded into the wider general health improvement agenda. For example formal oral health training for Carers and Home Care Providers is delivered within an existing training calendar provided by the Tameside Training Consortium. The Consortium is an employer led partnership which accesses funds from Skills for Care, Social Care Workforce Grant and from Train to Gain. The Oral Health module is offered alongside Dementia Awareness, Speech and language Therapy, Safeguarding Adults and Medication Training. This enables carers to identify how poor oral health impacts on other aspects of caring for vulnerable adults and older people. The Oral Health Team provides a speaker and the consortium provides all venues, advertising, session evaluation, refreshments and certificates. Evaluation of all sessions is shared with the Oral Health Team. Informal training is also offered by the Oral Health Team to care homes and individual carers on request. All training includes information and advice on the wider Tameside Health Improvement offer.
Other examples of joint training opportunities include 'Make Every Contact Count'

(MECC) training. This training encourages conversations with clients based on behaviour change methodologies, ranging from brief advice to exploring the wider social determinants that influence health. The team update teams/individuals that may come into contact with members of the public and have an opportunity to have a conversation about improving health. This is an excellent opportunity for discussing good oral health within the wider context of good general health.

The Oral Health Team continually evaluates all initiatives. Both qualitive and quantitative evaluation is undertaken, Pre and post knowledge questionnaires are a useful tool to identify existing knowledge within a group, and can also identify gaps in knowledge.

The Oral Health Team actively engages with members of the community and encourages feedback on all the activity that is delivered. This feedback is requested continuously to improve what is delivered.

Example of good practice (see web link below)
http://www.gmphnetwork.org.uk/wp-content/uploads/2013/05/NW-Public-Health-Good-Practise-Booklet-2012.pdf

Niche Tobacco Project – Tameside Tobacco Alliance
The Oral Health Team led a project which won a North West Public Health Award in 2012. The Oral Health Team worked in partnership with a number of partners to raise awareness of the risks of smokeless tobacco to our local Bangladeshi Community. Existing Community Assets were identified, local women volunteers, local traders etc. ***More information on this project is available from Carole Hill – Asst Manager. Health Improvement Team, Tameside Health Improvement, Pennine Care NHS Foundation Trust. Chill4@nhs.net***

In summary:

- It is important to identify the most appropriate people from within organisations, the influencers, the managers, people who can make the necessary changes and support behaviour change.
- Identify joint working opportunities and build on existing community Assets
- Identify opportunities to embed oral health into existing services
- Build healthier public policy
- Support healthier environments
- Develop personal skills
- Reorientation of healthcare services towards the prevention of ill health and the promotion of health and wellness.

References (if applicable):
Choosing Better Oral Health - Department of Health (2005) *Sheiham A; Watt R (2000): The common risk factor approach* **http://www.gmphnetwork.org.uk/wp-content/uploads/2013/05/NW-Public-Health-Good-Practise-Booklet-2012.pdf**