

## HEALTH AND WELLBEING BOARD 16<sup>th</sup> November 2017

### CARE TO SMILE PILOT PROJECT BRIEFING

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#### 1. Summary

1.1 This report provides a briefing for members regarding The Care to Smile pilot project which is designed to identify the most clinically effective and cost effective means of improving the oral health and quality of life of people residing in care homes.

#### 2. Recommendations

2.1 Members are asked to note the contents of the report

2.2 Members are asked to advise the Care to Smile Pilot Project Board who to engage with in Shropshire CCG and Social Care, and any other key stakeholders, in order to explore the potential for collaboration.

### REPORT

#### 3. Background

3.1 Good evidence exists to demonstrate that care home residents are at risk of and from poor oral health. They have significantly worse oral health, experience more episodes of dental pain and yet access dental services less frequently than their non-residential peers, a clear health inequality.

3.2 The impact of co-morbidities and polypharmacy, coupled with deficiencies in basic mouth care in care homes, can lead to preventable dental problems such as abscesses, ulcers and oral thrush. Any of these conditions can compromise a frail individual's ability to eat, drink or communicate. This can easily contribute to dehydration, malnutrition and physical deterioration which may manifest in agitation or depression and has a generally negative impact on quality of life.

3.3 Undetected, these treatable dental diseases may also lead to avoidable emergency admissions and will certainly have broader impacts through carer strain and unnecessary use of resources.

3.4 System pressures are likely to increase as the older adult population rises, successive cohorts retain ever more teeth and care homes continue to lack the knowledge and skills to support residents' oral cleanliness and prevention of dental disease. All these factors will have downstream impacts on general health and wellbeing of care home residents.

3.5 Recent surveys of care home residents and staff throughout the West Midlands and nationally reveal a consistent picture of a vulnerable high need population in receipt of care which does not address their basic oral health needs, delivered by a workforce that has received limited training in recognising its importance. Indeed, through these surveys, care home staff have highlighted a range of training needs including supporting non-compliant people with oral hygiene, recognising urgent dental conditions in those unable to verbally communicate, as well as general mouth care training.

#### **4. The Care to Smile Pilot Project**

4.1 NHS England North Midlands (Shropshire & Staffordshire) recognises the need to improve the oral health of and quality of life of care home residents. It is funding a 3 year pilot project – ‘Care to Smile’ in Shropshire, Telford and Wrekin to identify the most clinically effective and cost effective way to:

- increase the knowledge and skills of care home staff to provide oral care,
- increase residents’ exposure to topical fluorides e.g. high strength fluoride toothpaste and fluoride varnish in order to prevent dental disease,
- and increase access to appropriate dental care services.

4.2 This pilot aligns well with the recently published NICE Quality standard: Oral Health in Care Homes (June 2017), aimed at supporting commissioners of care home services and service providers. The Quality Statements address the needs for mouth care needs to be assessed on admission to a care home, the development of a personal care plan with mouth care needs recorded, and support to ensure teeth, gums and dentures are cleaned twice a day.

4.3 A Care to Smile Project Board has been established as a sub group of the NHS England Local Dental Network to provide leadership and coordination of this pilot. The local PHE Consultant in Dental Public Health provides overall system leadership as chair of the Board. The project approach aligns with that of the Plan-Do-Study-Act cycle.

4.4 Two Oral Health Improvement workers, employed by the Shropshire Community NHS Trust dental service, have been in post since November 2016. They are responsible for

- Leading and developing the project on a day to day basis.
- Leading on the evaluation of the pilot programme against key process and outcome indicators.

4.5 Volunteer local dental teams have visited care homes to undertake mouth screenings and apply fluoride varnish to teeth and prescribe high strength fluoride toothpaste when appropriate. Review screening visits are undertaken to evaluate whether staff training has resulted in changes in practise and improved oral health.

4.6 Project evaluation will encompass both qualitative and quantitative measures from multiple information sources in order to triangulate relative measures of success:

- Qualitative feedback will be sought from healthcare professionals, care home staff, care home residents and relatives via focus groups or questionnaires.

- Quantitative evaluation will focus on improvements in oral health, monitoring variations in the volume of dental emergency visits required, demand for routine dental care as well as proxy measures relating to oral health related hospital admissions.

4.7 Subject to confirming that the interventions deliver improvements in oral health, the most effective and cost effective way to embed training and ensure long term cultural change in care home regarding mouth care will be quantified.

## 5. Conclusions

5.1 Care home residents are at risk of and from poor oral health. They have significantly worse oral health, experience more episodes of dental pain and yet access dental services less frequently than their non-residential peers, a clear health inequality.

5.2 Everyone should be able to eat, speak and communicate without pain or discomfort. The Care to Smile pilot aims to develop a sustainable mouth care programme for vulnerable people in care homes which will improve their oral health and quality of life.

### List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

West Midlands Care Home Dental Survey 2011: Part 1. Results of questionnaire to Care Home Managers.

F Watson, M Tomson, AJ Morris, K Taylor-Weetman  
British Dental Journal 2015; 219:343-346

Oral Healthcare for older people 2020 vision  
Check up January 2012  
British Dental Association

Oral health in care homes, Quality standard, NICE National Institute for Health and Care Excellence  
[www.nice.org.uk/guidance/qs151](http://www.nice.org.uk/guidance/qs151)

**Cabinet Member (Portfolio Holder)**

**Local Member**

**Appendices**