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Designed to Smile Programme

Annual report for the academic year 2021-2022

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Purpose and Summary of Document: This document collates reports of activity related to the Designed to Smile programme, undertaken by the Community Dental Services in the seven Local Health Boards in Wales. The reporting period is from 1st September 2021 to 31st August 2022.

Acknowledgements: Thank you to the Designed to Smile staff who submitted the local reports and worked tirelessly in their substantive and redeployed roles during 2020-2022.



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1. Introduction

Designed to Smile is the national oral health improvement programme to prevent dental caries in children in Wales, delivered by the NHS Community Dental Services in Wales in partnership with education and childcare settings and early years health professionals. It is underpinned by Welsh Health Circular 2017/23.

This reports collates activity during the academic year 2021-22. It demonstrates the efforts to restart the different elements of the evidence-based, targeted interventions that form the Designed to Smile programme.

Designed to Smile was paused from March 2020 during the COVID-19 pandemic due to nursery and school closures and staff redeployment. Designed to Smile staff across Wales were extremely valued in the NHS Covid-19 response. They were fully redeployed, which included key roles including in the community testing units and vaccination centres. They are a credit to the country, and this was demonstrated as those that had returned from redeployment in September 2021 were returned to Covid-19 roles for the Omicron response. This meant that early attempts to restart Designed to Smile faltered in the latter half of 2021, but began again at pace in late Spring 2022.

317 nurseries and schools restarted a supervised toothbrushing programme; 15,350 children participated

255 schools facilitated fluoride varnish application visits; 17,744 children received at least one application

2. Summary of the year

The aim of Designed to Smile in academic year 2021-22 was to restart activity as much as possible following the pause during the Covid-19 pandemic. With substantial challenges and uncertainty, it was widely accepted that it would be very difficult to immediately return to the activity levels that had been reached over a 10 year period prior to the pandemic.

The year's activity was marred by the continued re-deployment of staff and vehicles into 2022, and the challenges and disruptions posed by the Omicron variant of Covid-19 on educational settings, and staff and child absences. Additionally, there were a substantial number of staff vacancies accrued over the previous two years that required addressing amidst a reduced pool of applicants and NHS recruitment process backlogs. Demotivation and poor well-being as a result of repeated redeployment were substantial issues. The programme also suffered from stock shortages also seen in other sectors, and particularly a national shortage of the licensed fluoride varnish in the Spring term. Aside from the pandemic, the consequences of the devastating floods of early 2020 which destroyed a work base and a number of Designed to Smile vehicles were still being overcome in Cardiff and Vale University Health Board.

The academic year 2021-2022 began with Designed to Smile staff training, and updating of protocols and resources. Staff were very flexible, implementing smart working using skill mix where possible. Prioritisation of settings was implemented. Relationships with settings had to begin afresh, and training and consent processes started anew in a more time-consuming way than the roll-over between academic years previously. This impacted the speed of restarting in settings. There was a mixed response from settings: some enthusiastically embraced the restart of Designed to Smile and recognised the value of oral health improvement and the return to establishing routines to build on life skills. There was resistance in some settings, particularly to the toothbrushing programme. Most of these were positive about commencing toothbrushing during the 2022-2023 year.

The comparison in Table 1 demonstrates the need for continued support to enable Designed to Smile to return to previous activity levels, and the size of the expansion possible, based on the coverage of the programme in 2018-2019.

Table 1: Summary of Designed to Smile activity in 2021-22 compared to 2018-19

	Academic year: 2018/19 (pre-pandemic)	Academic year: 2021/22
No. of nurseries and schools participating in toothbrushing	1,396	317
% of eligible nurseries/schools that are participating in toothbrushing	82%	20%
No. of children toothbrushing at nursery/school	90,602	15,350
No. of targeted settings refusing to participate in toothbrushing	137	389
No. of nursery/school staff receiving toothbrushing training	4,436	2,142
No. of toothbrushing home-packs distributed to nurseries and schools	188,709	171,465
No. of children receiving fluoride varnish at school	44,217	17,744
No. of toothbrushing home packs distributed by health visitors	16,390	19,510
No of feeder cups distributed by health visitors	8,286	7,726
Whole time equivalent workforce employed to deliver Designed to Smile within NHS Wales	82.5	88.7
Programme expenditure within NHS Wales	£3,767,416	£3,265,155

3. Structure of the Programme

Designed to Smile is a national programme, which follows public health principles of proportionate universalism, as described by Marmot¹. It is based on delivering approaches recommended in NICE guidance¹.

Table 2: Model of Designed to Smile delivery

Environment	Who involved	Actions
Home	Designed to Smile teams Health Visiting Services Early Years Services	<ul style="list-style-type: none"> • Staff and student training • Healthy Child Wales Programme oral health components • Printed resources • Toothbrushing home packs and training cups
Dental Practice	Designed to Smile teams Clinical Dental Services	<ul style="list-style-type: none"> • Staff training • 'Designed to Smile in Practice' Quality Improvement programme via HEIW • Printed resources
Nurseries and Primary Schools	Designed to Smile teams Teaching/Childcare Staff	<ul style="list-style-type: none"> • Staff training • Supervised toothbrushing programme • Fluoride varnish programme • Toothbrushing home packs • Class teaching resources • Welsh Network of Healthy Schools and Pre-schools collaboration

A) A universal preventative programme for children from birth, integrated within the Healthy Child Wales Programme. The aims are to help start good habits early by giving advice to families with young children, and encouraging regular attendance to a dental practice. This element of Designed to Smile is aligned to the Healthy Child Wales programme and its approach to provision of universal and enhanced support. Children requiring enhanced support are supplied with toothbrushing home packs and feeder cups.

All primary schools in Wales are encouraged to participate in the Welsh Network of Healthy Schools, and within that, incorporate good practice for healthy behaviours as part of a 'whole-school' approach. This includes healthy eating for oral health and oral hygiene, and policies on food and drink provision within the setting. Designed to Smile works closely with Healthy Schools Co-ordinators and the Nutrition Skills for Life programme. Designed to Smile teaching resources are universally available on Hwb (<https://hwb.gov.wales/>) to

support teaching professionals providing oral health education and raising awareness of the importance of oral health.

B) A targeted preventative programme for nursery and primary school children involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay. Toothbrushing home packs are also supplied to encourage good habits at home. These aspects of Designed to Smile are targeted to more disadvantaged areas of Wales^a, with approximately 70% of nurseries and schools invited to participate. Children up to and including Year 2 (6-7 year olds) are included in the provision. Additionally, all nurseries with Flying Start status, and all schools with Additional Learning Needs provision are invited to participate.

NICE Guidance PH55 Oral Health: local authorities and partners (2014)²

17	Raise awareness of the importance of oral health, as part of a 'whole-school' approach in all primary schools
18	Specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health

^a Using Welsh Index of Multiple Deprivation (WIMD) 2019, based on the setting's postcode.

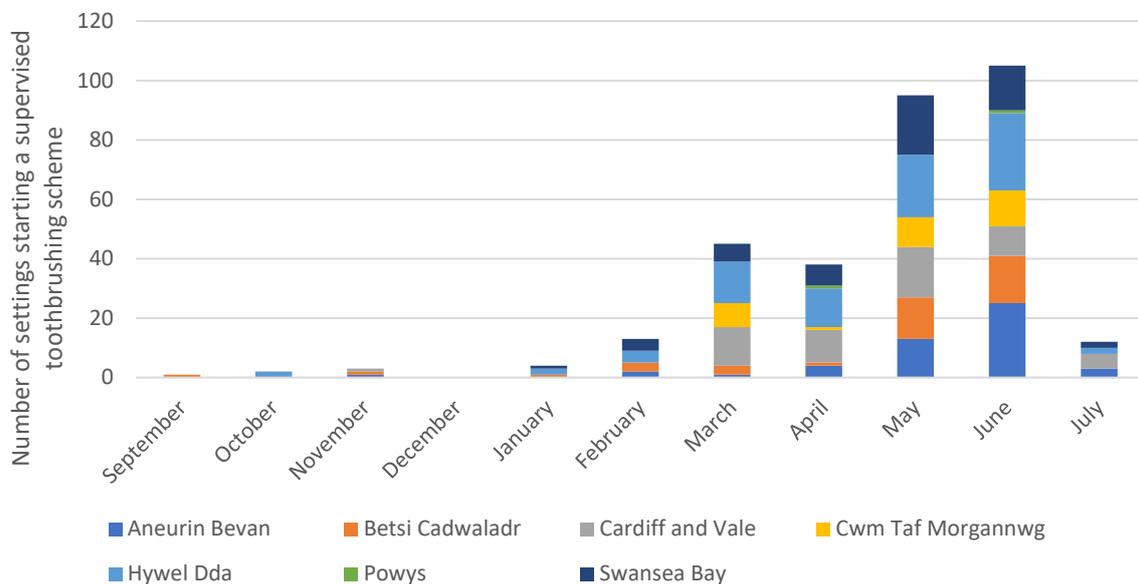
4. Supervised Toothbrushing Programme

NICE Guidance PH55 Oral Health: local authorities and partners (2014)¹

15	Supervised toothbrushing schemes for nurseries in areas where children are at high risk of poor oral health
19	Supervised toothbrushing schemes for primary schools in areas where children are at high risk of poor oral health

The majority of supervised brushing programmes restarted between March and June 2022.

Figure 1: Activity to restart the supervised toothbrushing programme, by month in the academic year 2021-2022



A total of 317 nurseries and schools restarted a toothbrushing programme this academic year (182 nurseries and 135 schools). As Designed to Smile teams prioritised inviting settings in the most disadvantaged areas, Table 3 illustrates how most of the settings participating were based in WIMD1 and WIMD2 locations. Anecdotally, Designed to Smile teams reported more willingness in nurseries than schools to restart the programme, which may explain why more nurseries were participating than schools.

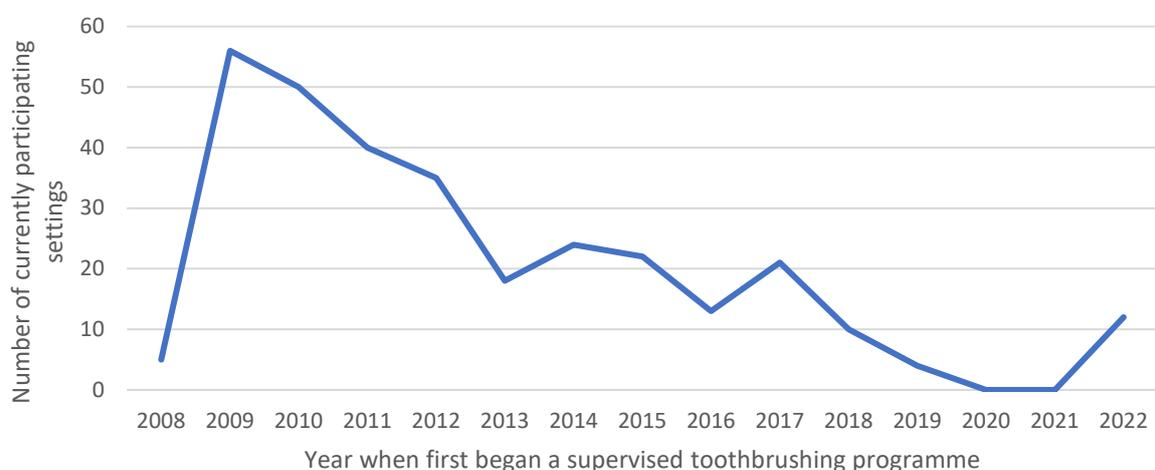
Many settings invited were not willing to participate this academic year (n=389), and there was a substantial proportion of eligible settings (n=866) which were not yet invited to participate due to limited capacity within Designed to Smile teams to train staff and oversee the restart within that setting.

Table 3: Status of participation in the supervised toothbrushing programme

	Participating	Not yet targeted due to D2S capacity	Refused/withdrawn	Total eligible
Wales Total	317	866	389	1,572
WIMD1	163	190	119	472
WIMD2	105	259	170	534
WIMD3	37	352	82	471
Other	12	65	18	95
ABUHB	49	186	3	238
BCUHB	40	319	71	430
CAVUHB	57	92	13	162
CTMUHB	31	38	170	239
HDUHB	84	119	34	237
PTHB	2	51	28	81
SBUHB	54	61	70	185

The settings that restarted supervised toothbrushing in 2021-2022 had a varied amount of previous experience, as illustrated in Figure 2. Many settings had been participating in Designed to Smile since its early inception in 2008-2009, but there were 12 settings that had not participated before (they may be new settings), and began a supervised toothbrushing scheme for the first time in 2022.

Figure 2: The original year in which currently participating settings first participated in Designed to Smile supervised toothbrushing programme



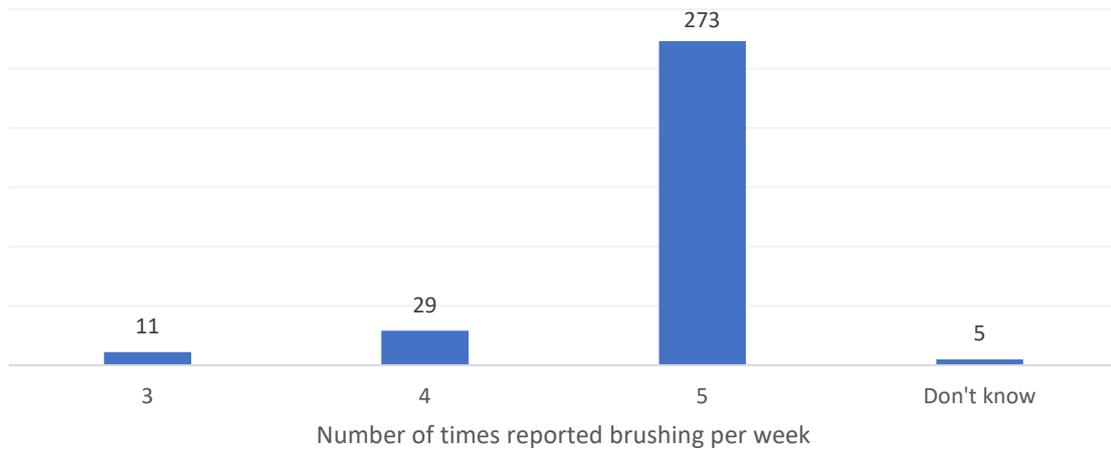
Within the 317 participating settings, 15,449 children had parental/carer consent to take part in the supervised toothbrushing programme (Table 4). This was approximately 77%. This is lower than the consent rates reached prior to the COVID-19 pandemic; in the academic year 2018-2019, consent to participate in a toothbrushing programme was 93.5%. As described above, more nurseries than schools participated this academic year, which explains why a greater proportion of children under 4 years were participating compared to children in Reception class - Year 2 at primary school. In total, 15,350 children participated.

Table 4: Number of children toothbrushing at participating settings, by age

	No. of children eligible at participating settings	No. with consent	No. aged 2-3 years	No. aged 3-4 years	No. in Reception class	No. in Year 1	No. in Year 2
Wales Total	20,040	15,449	5,036	2,873	2,632	2,579	2,230
<i>WIMD1</i>	11,056	8,455	2,719	1,544	1,467	1,435	1,214
<i>WIMD2</i>	6,473	4,865	1,408	1,008	868	853	728
<i>WIMD3</i>	1,556	1,343	566	158	214	210	172
<i>Other</i>	955	786	343	163	83	81	116
ABUHB	3,378	2,962	640	755	653	645	269
BCUHB	2,646	1,165	502	56	94	163	350
CAVUHB	3,826	2,790	957	528	496	527	259
CTMUHB	1,840	1,471	358	319	243	253	227
HDUHB	4,330	3,609	1,210	570	621	580	628
PTHB	115	48	0	22	26	0	0
SBUHB	3,905	3,404	1,369	623	499	411	497

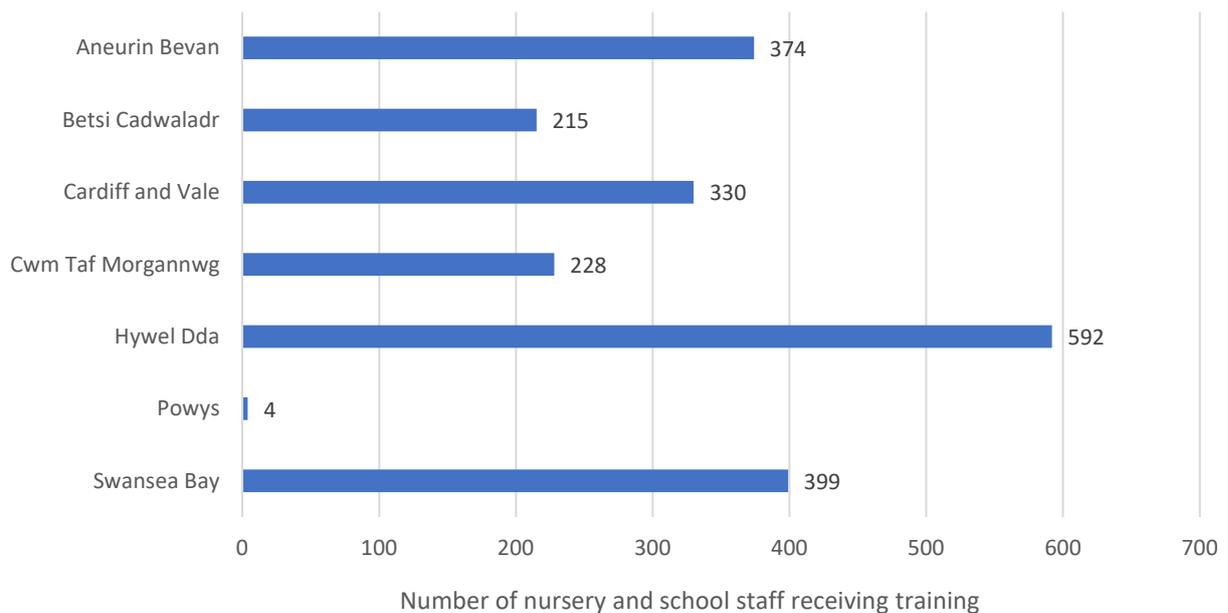
Nurseries and schools participating in Designed to Smile are required to participate in quality assurance visits from Designed to Smile teams. A total of 364 visits were conducted in the academic year. There were six settings that required remedial measures to be introduced following a quality assurance visit (1.6%). During the visit, settings are asked to brush every day that the children attend. At the required quality assurance visits from Designed to Smile teams, 273 settings reported brushing 5 times a week (Figure 3).

Figure 3: The Average number of times per week (weekdays only) that participating settings report they are toothbrushing



Nursery and school staff require training by the Designed to Smile team before starting a supervised toothbrushing programme. It was a requirement that all settings required training prior to restarting their programmes this academic year. In total, 2,142 staff were trained at settings that participated in the toothbrushing programme this academic year. Figure 4 illustrates the number of nursery and school staff trained within each health board area. The number of staff trained at each setting varied from 1 to 26. This is likely due to the size of the setting in terms of children attending. The average was similar across all health boards, at 6.7 staff trained per setting. Yet the most common number of staff trained at a setting was 4 (at 49 settings).

Figure 4: Number of school and nursery staff that received training within settings participating in the supervised toothbrushing programme this year, by health board



Some health boards provided training to nursery and school staff in preparation for their commitment to restart the supervised toothbrushing programme early in the next academic year. This occurred in an additional 59 settings (32 nurseries and 27 schools), and included 379 staff.

Figure 5: Tweet showing promotional competition in Cardiff and Vale University Health Board to engage settings during National Smile Month June 2022



5. Fluoride Varnish Programme

NICE Guidance PH55 Oral Health: local authorities and partners (2014)¹

16	Fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health
20	Fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health

A total of 255 schools participated in the fluoride varnish programme this academic year. Designed to Smile teams prioritised visiting settings in the most disadvantaged areas, and Table 5 illustrates how most of the settings participating were based in WIMD1 and WIMD2 locations. Capacity limited the extent to which the fluoride varnish visits could be offered to all eligible settings.

Table 5: Number of settings participating in the Fluoride varnish programme

	Participating	Not yet targeted due to D2S capacity	Refused/ withdrawn	Total eligible
Wales Total	255	507	63	825
<i>WIMD1</i>	154	72	7	233
<i>WIMD2</i>	69	187	20	276
<i>WIMD3</i>	13	206	30	249
<i>Other</i>	19	42	6	67
ABUHB	1	125	2	128
BCUHB	36	146	23	205
CAVUHB	37	49	1	87
CTMUHB	49	89	1	139
HDUHB	34	74	13	121
PTHB	4	21	12	37
SBUHB	94	3	11	108

Within the 255 participating settings, 21,763 children had parental/carer consent to participate in the fluoride varnish programme (Table 6). This was approximately 71%. This is slightly lower than the consent rates reached prior to the COVID-19 pandemic; in the academic year 2018-2019, consent to participate in the fluoride varnish programme was 79%. Approximately 8% of children with consent were excluded for medical reasons. In total, 17,744 children received fluoride varnish applications. This number is less than those with consent minus those excluded for medical reasons, mostly likely due to school absences and refusals on the day.

Table 6: Number of children receiving Fluoride Varnish, by age

	Total no. of children eligible at participating settings	No. with consent	No. excluded for medical reasons	No. aged 3-4 years	No. in Reception class	No. in Year 1	No. in Year 2
Wales Total	30,597	21,763	1,783	4,325	4,491	4,810	4,118
<i>WIMD1</i>	18,974	13,304	1,078	2,726	2,825	3,073	2,376
<i>WIMD2</i>	7,346	5,222	467	923	1,056	1,076	1,026
<i>WIMD3</i>	1,781	1,381	103	279	251	297	299
<i>Other</i>	2,496	1,856	135	397	359	364	417
ABUHB	75	59	6	17	20	16	0
BCUHB	4,550	3,136	247	570	670	684	687
CAVUHB	5,635	3,853	251	864	799	876	798
CTMUHB	3,626	2,724	224	724	768	851	0
HDUHB	3,942	2,442	241	325	434	461	500
PTHB	334	187	30	0	53	50	48
SBUHB	12,435	9,362	784	1,825	1,747	1,872	2,085

Of the 255 schools which participated in the fluoride varnish programme, 159 settings received 2 fluoride varnish visits in the year, and 96 received only 1 visit. This was due to inability to start with pace in Autumn term. Figure 6 illustrates the months in which first and second fluoride visits occurred for all health boards.

Figure 6: Activity to restart the fluoride varnish programme, by month in the academic year 2021-2022

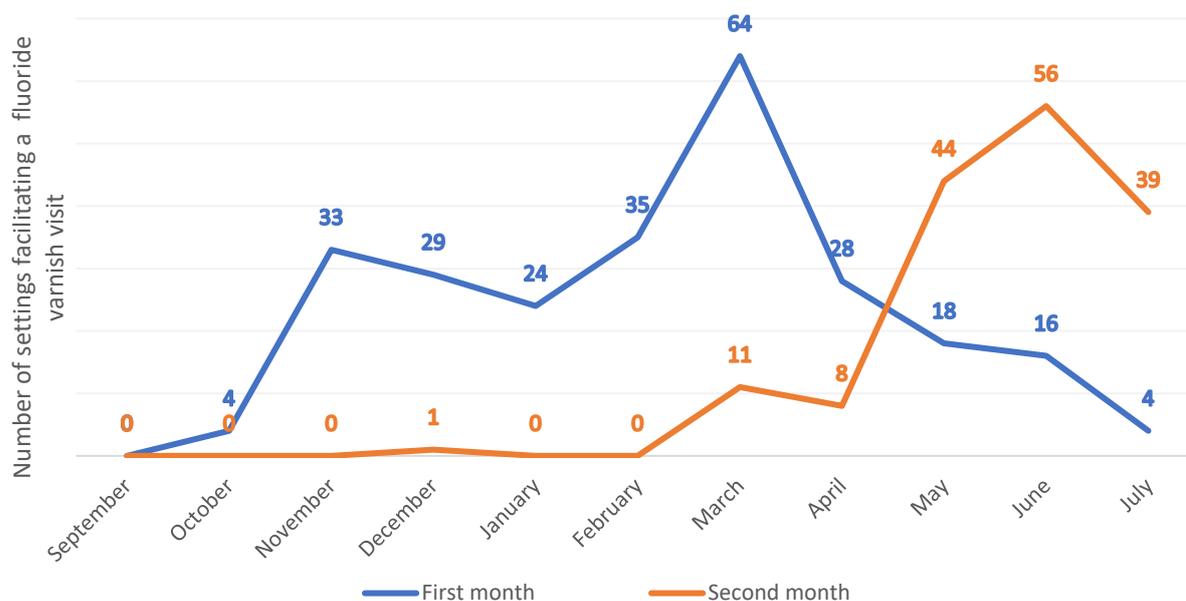


Table 7 reports that 7,777 children received two fluoride varnish applications in the year, and 9,808 received only one application^b.

Table 7: Number of children receiving one or two Fluoride Varnish applications

	No. of children who received <u>two</u> FV applications	No. of children who received only <u>one</u> FV application
Wales Total	7,777	9,808
WIMD1	5,815	5,073
WIMD2	1,348	2,731
WIMD3	431	695
Other	183	1,309
ABUHB	0	53
BCUHB	1,471	1,140
CAVUHB	1,920	1,417
CTMUHB	1,436	821
HDUHB	0	1,720
PTHB	0	151
SBUHB	2,950	4,506

^b There are discrepancies between the data recorded in Table 6 and Table 7 for CTMUHB and SBUHUB, which have been identified and training provided.

Of the 17,744 children that had a fluoride varnish application, 3,024 (17%) were noted as having signs of concern of dental caries (Table 8). This resulted in the issue of a concerns card to their parent/carer. It is worth noting that this concern was noted by extended duty dental nurses and is not considered an examination. It will be more likely to underestimate caries prevalence within this population. The percentage of children issued a concerns card was highest in WIMD1 settings (19%).

Table 8: Number of children issued with a card to parent/carer expressing concerns of dental caries

	WIMD 1	WIMD 2	WIMD 3	Other
Wales total	2,060	593	173	198

6. Toothbrushing home packs to nurseries and schools

Department of Health and Social Care: Delivering Better Oral Health: an evidence-based toolkit for prevention (2021)³

For caries prevention, it is the application of fluoride in toothpaste that is the most important aspect of brushing, as fluoride helps prevent, control, and arrest caries.

Brushing should occur twice daily as a minimum, the guidance being to clean teeth last thing at night or before bed, and at least one other time each day.

Settings participating in Designed to Smile are provided with toothbrushing home packs to distribute to their attending children, twice a year. This is to encourage healthy habits for brushing at home. Throughout the pandemic, efforts were made to continue this intervention, and in the 2021-2022 academic year, home packs were provided to eligible settings even if they were not yet participating in either the supervised toothbrushing or fluoride varnish programmes. Table 9 details the distribution of home packs to 784 nurseries and 830 schools, and the total number of home packs distributed to these settings. The number of packs provided to each setting is based on the number of children attending, and so an estimate of number of children receiving home packs is reported.

Table 9: Number of toothbrushing home packs distributed to nurseries and schools

	No. of nurseries receiving toothbrushing home packs	No. of schools receiving toothbrushing home packs	Total no. of home packs distributed to settings	Estimated no. of children receiving home packs from the setting
Wales Total	784	830	171,465	95,623
ABUHB	109	129	35,592	19,507
BCUHB	226	205	35,348	18,014
CAVUHB	75	87	22,237	13,054
CTMUHB	140	139	38,856	17,499
HDUHB	116	121	12,720	8,692
PTHB	44	37	5,008	2,503
SBUHB	74	112	21,704	16,354

7. Working with Healthy Child Wales and partner professions

NICE Guidance PH55 Oral Health: local authorities and partners (2014)

7	Frontline health and social care staff can give advice on the importance of oral health
12	Oral health promotion in specifications for all early years services
13	All early years services provide oral health information and advice
14	Early years services provide additional tailored information and advice for groups at high risk of poor oral health

Public Health England: York Health Economics Consortium: Rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years (2016)⁴

Targeted provision of toothbrushes and toothpaste by health visitors is cost-effective

Designed to Smile teams provide oral health education training to health and social care professionals (Table 10). Provision of oral health advice to families is a core component of the Healthy Child Wales programme, within the health visitor contact schedule. Training has also been provided to midwives, nursing students, and childcare and dental professionals. Beyond training, Designed to Smile teams work with local partners to integrate oral health improvement into child health strategies and programmes, and to influence policies.

Table 10: Number of professionals receiving oral health education training

	No. of Health Visitors/ students that have received training (no. of training sessions)	No. of other professionals that have received training (number of training sessions)
Wales Total	469 (29)	339 (30)
ABUHB	0	0
BCUHB	242 (21)	69 (3)
CAVUHB	0	10 (3)
CTMUHB	36 (2)	117 (8)
HDUHB	25 (2)	118 (14)
PTHB	51 (1)	0
SBUHB	115 (3)	25 (2)

Designed to Smile provides the Healthy Child Wales programme with toothbrushing home packs and trainer drinking cups to be distributed by health visitors whilst giving oral health education to parents/carers of babies and young children (Table 11). A total of 19,510 home packs were provided to health visitors in 2021-2022.

Table 11: Number of toothbrushing home packs and trainer cups distributed to the Healthy Child Wales programme

	No. of home packs provided to Health Visitors	No. of trainer cups provided to Health Visitors
Wales Total	19,510	7,726
ABUHB	9,200	0
BCUHB	4,345	4,045
CAVUHB	390	231
CTMUHB	600	600
HDUHB	1,850	600
PTHB	400	50
SBUHB	2,725	2,200

8. Programme Delivery

NB. The data presented in this section refer to the financial year period 2021-22, rather than academic year.

As mentioned earlier, this was a year of significant staff turnover, and recruitment. Table 12 presents the workforce as recorded in March 2022. Table 13 presents the annual expenditure of the programme.

The academic year 2021-2022 presented opportunities for Designed to Smile staff training, at little or no cost to the programme (Table 13). A number of staff across different health boards completed the Making Prevention Work in Practice (MPWiP) course provided by Health Improvement and Education Wales (HEIW). This included some team members becoming MPWiP trainers in order to upskill both Designed to Smile and wider Community Dental Service staff in fluoride varnish application. This approach to cascade training is embraced by Designed to Smile staff, as other team members became manual handling assessors, or received paediatric basic life support cascade training.

Two team members passed Institute of Leadership and Management courses, and one clinical lead participated in Discovering, Developing and Delivering in Healthcare Leadership programme with HEIW. This included a quality improvement project aimed at improving access to dental care for children identified via the fluoride varnish programme.

Table 12: Designed to Smile Workforce (WTE) within the NHS Community Dental Services (March 2022)

	Mobile/ MDU Driver	Administrative Assistant/ Officer	Dental/Oral Health Support Worker	Dental/Oral Health Educator/ Promoter	Dental/Oral Health Educator/ Promoter and Fluoride Varnish Dental Nurse	Fluoride Varnish Dental Nurse	Dental Hygienist/ Therapist	Dental Officer/ Senior Dental Officer	D2S team lead/ manager
Wales Total	1 (0.6)	8 (5.4)	47 (30.5)	24 (16.7)	22 (13.4)	15 (9.2)	2 (0.6)	5 (1.01)	17 (11.3)
ABUHB	1 (0.6)	2 (1.9)	9 (8.6)	4 (2.53)	4 (2.54)	0	1 (0.2)	1 (0.4)	4 (1.6)
BCUHB	0	2 (1.0)	11 (5.84)	9 (6.36)	0	5 (3.02)	0	1 (0.2)	5 (3.6)
CAVUHB	0	1 (0.6)	8 (4.52)	0	8 (4.35)	4 (1.98)	0	1 (0.2)	1 (0.8)
CTMUHB	0	1 (0.81)	6 (3.73)	6 (3.88)	0	2 (1.06)	0	2 (0.21)	2 (1.52)
HDUHB	0	1 (0.57)	4 (2.71)	5 (3.93)	0	3 (3)	0	0	3 (1.8)
PTHB	0	0	5 (2.57)	0	2 (0.8)	1 (0.12)	1 (0.4)	0	1 (1.0)
SBUHB	0	1 (0.52)	4 (2.54)	0	8 (5.73)	0	0	0	1 (1.0)

Table 13: Designed to Smile Expenditure in Financial Year April 2021-March 2022

	Consumables £	Programme Administration £	Dental Packs for home use £	Travel Costs eg. lease vehicles, mileage £	Staff salaries £	Staff Training £	Total £
Wales Total	274,900	102,260	172,431	120,632	2,591,504	1,428	3,265,155
ABUHB	23,394	17,252	25,394	4,160	536,615	0	608,815
BCUHB	53,402	32,847	28,946	26,202	636,052	1,040	778,489
CAVUHB	9,767	19,176	23,262	11,253	242,463	19	305,940
CTMUHB	59,034	19,916	0	16,919	330,582	0	426,451
HDUHB	11,413	5,886	21,173	20,716	311,874	270	371,332
PTHB	17,012	6,081	2,922	5,852	127,503	0	159,370
SBUHB	100,878	1,102	70,734	35,530	406,415	99	614,758

References

¹ Marmot M. Social determinants of health inequalities. Public Health (2005). 365:6.

² National Institute for Health and Care Excellence. Guidance PH55 Oral Health: local authorities and partners (2014) <https://www.nice.org.uk/guidance/ph55>

³ Department of Health and Social Care: Delivering Better Oral Health: an evidence-based toolkit for prevention (2021). <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

⁴ Public Health England: York Health Economics Consortium: Rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years (2016). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560972/Rapid_review_ROI_oral_health_5_year_old.pdf