**WHC/2015/001**

# WELSH HEALTH CIRCULAR

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**Title:** Improving Oral Health for Older People Living in Care Homes in Wales

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**For Action by:**
*Chief Executives local health boards*

**Action required by:**
Immediate as outlined in paragraphs 8 and 9

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**Enclosure(s): Appendix** Improving Oral Health for Older People Living in Care Homes

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**Improving Oral Health for Older People Living in Care Homes**

## Summary

The purpose of this Circular is to provide information, detail of Welsh Government policy and available funding to deliver improved oral health for older people living in care homes in Wales. In this context “Care Home” encompasses both nursing and residential homes for older people – including those for people living with dementia. It is acknowledged that many older people have poor oral health when they move into a care home. The focus is on ensuring residents have an oral risk assessment, and an individual care plan to optimise oral hygiene and reduce the risk of additional disease.

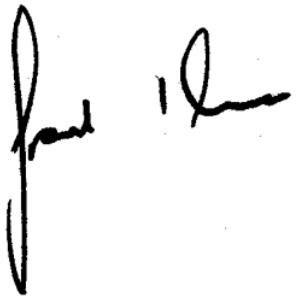
## Action

Health boards to work in collaboration with a range of organisations including:

- care home owners, managers and staff;
- care home organisations including Care Forum Wales;
- Public Health Wales;
- local authorities, particularly social services ;
- Care and Social Services Inspectorate Wales (CSSIW);
- Community Health Councils or other representative(s) of older people living in care homes

to deliver a programme of effective mouth care for older people living in care homes across Wales. The Community Dental Service (CDS) will play an integral role in the delivery, strengthening existing good practice and introducing new procedures where appropriate.

Yours sincerely



Grant Duncan,
Head of Healthcare Policy Division

David Thomas
Chief Dental Officer

## Background

1. Successive Adult Dental Health Surveys indicate a wide diversity of both general and dental health needs among older people and maintaining the oral health of the older population of Wales is an ongoing challenge.

2. On average older people spend between 1 and 2 years living in a care home, and they are often some of our most vulnerable citizens. Many have complex needs, requiring day to day support with tasks that most of us take for granted – such as brushing our teeth.

3. Effective oral hygiene helps to maintain an individual's wellbeing and dignity, and contributes to quality of life. Most importantly oral health depends on good mouth care "day in, day out" and what happens every day in the care home is integral to this.

4. In 'A Place to Call Home?' the Older People's Commissioner for Wales recognises the importance of oral hygiene and supports the need for timely and appropriate dental care for older people in care homes throughout Wales.

5. Welsh Government is determined to ensure older people are looked after in a safe and supportive manner and a number of measures are in place to ensure this happens:

> our Programme for Government includes key aims relevant to improving mouth care for older people in care homes;
>
> the National Oral Health Plan (NOHP) requires health boards to take specific action to meet the needs of vulnerable people, and residents in nursing and residential homes. Every health board has published a Local Oral Health Plan (LOHP) to support delivery of these actions. The LOHP is reviewed on an annual basis;
>
> the Social Services and Well-being (Wales) Act - National Outcomes Framework includes relevant outcomes for older people living in care homes.

## Core Programme

6. The new oral health programme for care homes supports delivery of these commitments, drawing upon existing good practice while developing a more focused and consistent approach. The scope of the programme is set out in the attached Appendix *"Improving Oral Health for Older People Living in Care Homes*", a Welsh Government document developed to assist health boards in the practical delivery of the programme.

## Key issues to consider in development of the programme

Welsh Government expects health boards to establish mechanisms for the practical delivery of "*Improving Oral Health for Older People Living in Care Homes";*

General Dental Council policy on Direct Access allows patients to access dental therapists and hygienists without seeing a dentist first. In line with prudent health care, the CDS should bear this in mind when planning service delivery to care homes;

Health boards may wish to consider strengthening arrangements within the CDS by the appointment of Dental Care Professionals/ Oral Health Promotion staff. CDS Designed to Smile teams may also be a useful source of advice on practical aspects of delivering the programme;

successful implementation of the programme will require a multi agency approach with health boards working collaboratively with a range of partners to ensure delivery; and

Welsh Government will establish a multi organisational National Advisory Group to support and guide the programme.

**Funding**

7. Additional funding of £70,000 is being made available in 2014 -15 to initiate and/or develop the programme. This will form part of the ring-fenced dental budget and is for the specific purpose of oral health improvement as outlined in this Circular. To support the ongoing delivery of the programme, funding will increase to a total of £0.25m p.a. from 2015 -16 on a recurrent basis.

**Allocation of Funding**

**2014-15**

8. Funding in 2014-15 will provide health boards with an opportunity to build upon existing arrangements. While recognising health boards are currently at different stages of preparation and delivery, each health board will receive funding of £10,000 to support implementation of the programme.

**2015-16**

9. Each health board will receive funding which broadly reflects the number of care homes operating within its geographical area as at September 2014[1]. The number of care homes will change as establishments open and close. However large scale changes are not anticipated and health boards are expected to work within the allocation available. Cross-border working is encouraged to make best use of the resources, and to achieve economies of scale. Details of health board allocations are set out in paragraph 10.

[1] https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Settings-for-Social-Care-and-Childrens-Day-Care

10. **Allocations 2015-16**

| Health Board | Total funding | Funding criteria, based on £370 per care home |
|---|---|---|
| Aneurin Bevan | £38,110 | 103 |
| Abertawe Bro Morgannwg | £38,480 | 104 |
| Betsi Cadwaladr | £80,290 | 217 |
| Cardiff and Vale | £24,420 | 66 |
| Cwm Taf | £19,610 | 53 |
| Hywel Dda | £37,000 | 100 |
| Powys | £11,840 | 32 |
| **Total committed expenditure** | **£249,750** | |

11. Funding could be used to employ a CDS dental team member to support programme delivery, provide training, liaise with care homes and provide "hands on" support to care home staff as they start to use the risk assessment and implement care plans. As the programme rolls out, the CDS team member will quality assure the programme to support care homes with safe and effective programme delivery, and funding in future years should be used to support this on going work.

12. To enable Welsh Government to monitor this expenditure, please ensure you report expenditure relating to this allocation in 2015/16 against the specific line 'mouth care for older people' in the health board quarterly dental contract returns (for 2014/15 record expenditure within 'other').

**Monitoring and evaluation**

13. All stakeholders have a role in providing assurance, and in monitoring the effective delivery of the programme. Stakeholders (identified at page 5 of this Circular) are responsible for their own monitoring arrangements; however development of good working relationships will support sharing of policies and protocols to achieve the broader aims of the programme.

14. The National Advisory Group will issue guidance (i) to support practical delivery of the programme and (ii) on the collection of data by the CDS to support local monitoring of the programme. Data will also be collected as part of the already established CDS annual reporting process to Welsh Government. This information will be used to identify service activity for care home residents as the programme rolls out across Wales.

15. The Wales Care Home Dental Survey 2010 -11 [2] reflects on the oral well being of residents and this will form the baseline for measuring progress. A further

[2] http://www.cardiff.ac.uk/dentistry/research/themes/applied-clinical-research-and-public-health/epidemiology-and-applied-clinical-research/wohiu

epidemiology study will be commissioned in 2018 to clarify the degree of progress and success in improving the standard of mouth care for older people in care homes throughout Wales.

# Appendix

# Improving Oral Health For Older People Living in Care Homes

## Introduction

1. This document supports delivery of a new mouth care programme for older people living in care homes in Wales as described in the WHC. It sets out Welsh Government's expectations of Health Boards and their partners to ensure a consistent approach is taken to improve the quality of care provided.

2. Effective delivery of the programme requires a collaborative approach involving a range of organisations as noted in the WHC. Other interested parties will include care home residents and their families, the Third Sector, the Older People's Commissioner for Wales, and organisations promoting quality and safety for care home residents. Lead responsibility for the delivering this oral health improvement programme will, however, rest with health boards.

## Background

3. Mouth care is a fundamental part of health care and is particularly important for those older people with co-morbidities which can increase their risk of oral diseases. Effective oral hygiene helps to maintain an individual's wellbeing and dignity, and contributes to their quality of life. **Most importantly oral health depends on good mouth care "day in, day out".** What happens every day in the care home is far more important than occasional visits from the dental team.

4. Based on data published by the CSSIW (September 2014) there are circa 23,000 older people resident in care homes in Wales at any one time. Many residents have poor or inadequate oral health when they move to their care home, often as a result of deteriorating health and mobility during the preceding years. While the WHC focusses on people living in care homes it will also provide opportunities to build on and develop services for dependent older people living in the wider community. This is in line with NICE guidelines "Oral Health: approaches for local authorities and their partners to improve the oral health of their communities".

5. In "A Place to Call Home?" the Older Person's Commissioner for Wales recognises examples of current good practice in the CDS and GDS in the delivery of mouth care for older people in care homes, while noting a degree of variation and room for improvement.

## Key Aim

6. The aim of the programme is to improve oral hygiene and mouth care for older people living in care homes through the development of a consistent all-Wales approach.

7. Tooth decay rates in care home residents in Wales are high despite it being a preventable disease. Various fluoride products are effective in preventing tooth decay and stopping the progression of early decay. Fluoride based preventive programmes should be in place for care home residents. These could include:

- tooth brushing twice a day with higher strength fluoride toothpastes which are available on prescription (it is recognised that this will lead to increased prescriptions for high fluoride toothpaste);

application of fluoride varnish by a dental professional twice a year.

UK and Wales[3] surveys confirm mouth care for residents in care homes is seldom optimal. Residents will, however, have differing needs for mouth care, and may be:

wholly self caring;
mostly self caring but need to be reminded and encouraged to clean their teeth and mouth;
in need of some hands on support for example to prepare toothbrush and paste prior to brushing their own teeth and mouth;
dependent on care home staff for all mouth care.

8. The Social Services and Well-being (Wales) Act National Outcomes Framework includes relevant outcomes for older people living in care homes. The introduction of this new mouth care programme will help support these outcomes and help residents feel:

they have a voice and control;
they are involved in making decisions that affect their lives;
their individual circumstances are considered;
they can speak for themselves or have someone to do it for them.

**Current standards**

9. The CSSIW National Minimum Standards (NMS) for care homes for older people includes a number of requirements for delivery of appropriate dental and oral health care. For ease of reference aspects of the NMS which support delivery of oral health care are noted in Annex 1

10. The standards have been in place since 2004 and implementing this programme will support care home staff in delivering the required standard. In addition, Fundamentals of Care includes "Oral Health and Hygiene" as a key standard and recognises this aspect as essential to residents health and wellbeing.

**Programme delivery**

11. Working collaboratively with the organisations identified in the WHC health boards are required to put in place a programme to deliver effective mouth care for older people living in care homes and the expected outcomes below.

i. Health boards and local authorities will have in place a published policy on mouth care / oral care in care homes. This policy should inform contracts with care homes.
ii. Care homes will have a mouth care policy and a systematic approach in delivering and monitoring mouth care. A copy of the policy should be made available to residents/ their family on admission.
iii. Care home staff will be appropriately trained, skilled and supported to provide oral health care with training an integral part of their induction.

[3] http://www.cardiff.ac.uk/dentistry/research/themes/applied-clinical-research-and-public-health/epidemiology-and-applied-clinical-research/wohiu

iv. Care homes should have at least one named Oral Care Champion responsible for promoting best practice and oversight of the oral health policy ensuring delivery of all aspects.

v. Residents will have an oral risk assessment carried out by suitably trained and qualified care home staff using evidence based tools. The assessment should be done within 7 days of moving to the home and at appropriate and agreed (with the resident / their family) intervals thereafter.

vi. Following the risk assessment, residents will have an individual care plan reflecting their risk assessment. The Plan will focus on prevention of oral disease, identifying the level of help each resident needs, setting out the required support in delivery of daily oral care and hygiene. Increased risk factors will be identified e.g. compromised swallow.

vii. Residents will have appropriate resources for oral hygiene. Care home staff must adhere to the Wales ban on use of foam swabs for mouth care. Lemon and Glycerine swabs will not be used.

viii. Supported by the health board, care homes should identify local dental care services available to their residents, ensuring access for both routine and urgent care.

ix. Health boards will support and facilitate dental care provision for care home residents by the most appropriate service (GDS, CDS and Hospital Dental Service) including shared care or domiciliary services. This will be determined by local arrangements for shared care, service capacity, and factors such as the complex needs of care home residents.

x. Residents and their families should be given opportunities to comment on their mouth care (the Fundamentals of Care audit includes questions on oral health and hygiene and these may be a good starting point for developing suitable questions for care home staff to use in seeking resident / family feedback).

xi. Printed information should be available to residents and their families clarifying the care home Concerns and Complaints Policy. The Public Services Ombudsman for Wales provides guidance for public service providers on how to develop a Concerns and Complaints policy.

**Local Implementation Group**

12. The programme will be locally led and implemented - “one size won’t fit all”. It should recognise and build on work which is currently underway – particularly that of the CDS as noted in Annex 2. Health boards will establish a Local Implementation Group to plan delivery ensuring stakeholders are provided with opportunities to contribute effectively.

13. The Local Implementation Group will:

consider how oral health will be integrated into contracting processes;
ensure the work links to delivery of the Local Oral Health Plan (LOHP) and provision of domiciliary dental care and care pathways / integrated care;
agree local implementation and dental service provision;
ensure the work complies with local safeguarding policies, including systems to report poor or inadequate care and arrangements for Protection of Vulnerable Adults (POVA);

ensure the work is evidence based[4] and implemented using recognised improvement methodologies;
ensure required monitoring reports are submitted to WG on time;
contribute to the LOHP annual report and;
consider ways in which the work could be expanded to include frail and vulnerable older people living in the community.

We would expect the Group to comprise:

the senior nurse responsible for Older People in the Community (representing the Director of Nursing);
representatives of the dental profession (including the CDS and Managed Clinical Network (MCN) for Special Care Dentistry);
Public Health Wales Consultant in Dental Public Health;
representative from care homes or organisations such as Care Forum Wales;
representative of Director(s) of Social Services from the local authority / authorities; and
representative for older people living in care homes, for example, the Community Health Council.

14. In addition, Third Sector representatives and professionals such as Occupational Therapists, Speech and Language Therapists can be invited onto the group as appropriate.

15. The senior nurse responsible for older people in the community has a pivotal role to play in promoting effective and safe care and their contribution and oversight will be crucial to successful implementation of the programme. Health board dental services provide appropriate dental care for residents and the CDS will take the lead role in training for care home staff / Oral Care Champions. A great deal of good practice is already in place and we want to see a consistent approach across Wales while allowing for appropriate local flexibility.

16. A number of health boards have CDS oral health promotion teams working with care homes. However, in developing the programme health boards may consider the need to strengthen these arrangements by the appointment of Dental Care Professionals / Oral Health promotion staff.

17. The health board and CDS will want to develop the programme in line with the principles of prudent healthcare. This may include provision of Direct Access services which allow patients to access dental therapists and hygienists without seeing a dentist first, and the use of extended duties dental nurses.

18. Health boards will need to ensure that dental services are available to support care home residents who are referred to them. The health board may also consider

[4] The evidence base is described in Delivering Better Oral Health: an evidence based toolkit for dental teams (Public Health England, 2014). More detailed advice for older people in care homes is available from the evidence base in Caring for Smiles (Scotland)

whether screening / assessment is required for older people living in care homes. Dental professionals will be able to identify residents whose oral hygiene is poor – particularly where essential daily support with oral hygiene is not being provided. There will be agreed local protocols to escalate concerns where oral hygiene remains consistently poor despite care home staff training and support.

19. It is acknowledged that Health boards are at different stages in delivering mouth care in care homes, and progress in introducing this new programme will therefore differ across Wales. We do not expect all care homes to implement the programme immediately, but all care homes should be participating by 2018 in line with health board delivery of their LOHP.

**National Advisory Group**

20. Welsh Government will establish a multi-organisation National Advisory Group to:

act as a central source of strategic advice for delivery of the programme;
liaise with Managed Clinical Networks;
liaise with key stakeholders at an all Wales level;
identify areas of good practice to share;
liaise with Local Implementation Groups;
provide guidance to reflect new policy developments ensuring consistency with any National Institute for Health and Care Excellence (NICE) guidance.
identify the data to be collected by the CDS to support monitoring of the programme.

21. In addition the National Advisory Group will establish a small task and finish group to provide practical guidance, including provision of:

a model policy on oral care in care homes for local authorities and health boards, to inform contracts with care homes;
examples of oral care policies for care homes;
examples oral risk assessment;
example care plans;
advice on evidence based practice and appropriate resources for oral hygiene;
guidance on the content of training programmes for care home staff and Oral Care Champions. This will build on and share current good practice in the CDS and the Third Sector. Training may be provided in care homes, for groups of Oral Care Champions or during formal courses such as Qualifications and Credit Framework;
signposting to sources of information for residents and their families; and
advise on ways to seek feedback from residents and their families.

22. We recognise that some care homes and organisations have already established policies, procedures and good practice models to improve oral care for their residents.

## Assurance, Monitoring and Evaluation

23. Change is not always an improvement and doing something differently doesn't necessarily mean doing it better. It is essential to measure "what's happened" to demonstrate outcomes, and to provide evidence of delivery and improvement. We recognise that outcomes may only be measurable in the longer term, however, in the short term we expect to see reliable and consistent implementation of best practice.

24. All stakeholders have a role in providing assurance and monitoring effective delivery of the programme.

### Care Homes

25. Care homes require a straightforward system to monitor delivery of mouth care which also allows them to meet health boards and local authority contracts and show compliance with CSSIW NMS and Fundamentals of Care.

26. Care homes will ensure:

- an up-to-date mouth care policy is in place;
- staff are trained in mouth care (including at induction) and the home keeps a register of training ;
- oral risk assessment is carried out which leads to an individual care plan;
- the mouth care plan is delivered and documented;
- residents have appropriate mouth care resources for their care plan (e.g. toothbrush and high fluoride toothpaste);
- care home staff can identify local dental services for their residents; and
- residents (and relatives if appropriate) are asked for feedback on their mouth care.

### Health boards

27. Monitoring of the programme should be included in care home contract monitoring to ensure effective delivery of all requirements. Quality and Safety review meetings may also include discussion about oral hygiene and mouth care reviews.

28. The Local Implementation Group will also have regular oversight of programme delivery. Where necessary the health board should provide additional input and monitoring to those care homes where standards are poor.

### CSSIW

29. CSSIW will be an important partner in their role to monitor standards and inspect homes, particularly inspection against the NMS for Care Homes for Older People.

### Welsh Government

30. The Chief Dental Officer will monitor delivery as part of:

- its annual review meetings with health boards;
- the LOHP review process; and
- its review of CDS programme monitoring data/CDS annual returns.

## Long term evaluation

31. An epidemiological study will be commissioned in 2018 to clarify the degree of progress in improving the standard of mouth care for older people in care homes throughout Wales.

**Annex 1**

**CSSIW National Minimum Standards for Care Homes for Older People – aspects relevant to mouth care**

| **STANDARD 2: NEEDS ASSESSMENT** |
|---|
| 2.3 For individuals who are self-funding and without a care management assessment/care plan, the registered person carries out, or procures the carrying out of, a needs assessment covering:……oral health<br>2.5 The registered nursing input required by service users in homes providing nursing care is determined by registered nurses using a recognised assessment tool. |
| |
| **STANDARD 15: HEALTH CARE** |
| 15.2 Care staff maintain the personal and oral hygiene of each service user and, wherever possible, support the service user's own capacity for self-care.<br>15.11 The registered person enables service users to have access to specialist medical, nursing, dental, pharmaceutical, chiropody and therapeutic services and care from hospitals and community health services according to need. |
| **STANDARD 18: SAFE WORKING PRACTICES** |
| 18.2 The registered person ensures safe working practices including: infection control: understanding and implementation of measures to prevent spread of infection and communicable diseases. |

In addition, outcomes of NMS include

each services user's health, personal and social care needs are set out in an individual plan of care
staff are trained and competent for the job they do.

**Annex 2**

**An overview of oral and dental care in care homes in Wales, including the work of the CDS**

In 2006-7 data was collected from Care Home managers in Wales using a mix of postal questionnaire and face to face interviews. Responses suggested that current care home and dental services had evolved rather than been planned and were subject to large variation. The high response rate and honest responses to questions suggested that the care home managers were concerned about the issues raised. There was a significant gap between homes where residents required assistance in cleaning teeth/dentures and those where such training had been provided.

A more recent survey of care home residents in Wales in 2010-11 has highlighted higher levels of dental disease than experienced by similarly aged peers living in the community with potential implications for disease prevention, disease management and dental care. The 2010-11 survey highlighted:

- a considerable proportion of homes did not have procedures in place to highlight whether individuals had potential oral health needs;
- some homes reported difficulty in obtaining routine and emergency access to dental care; and
- lack of training for care home staff to enable them to appropriately support residents who need assistance in cleaning their mouths and/ or dentures.

Prevention of dental disease in the care home is broader than training staff to brush teeth and dentures. In response to findings from the 2006-07 and subsequent 2010-11 surveys there have been some local initiatives to prevent or slow dental disease. In early 2014 Clinical Directors of the CDS in Wales were asked for a brief update on local work to improve oral health for care home residents (full report can be accessed from Maria Morgan at the Welsh Oral Health Information Unit; morganmz@cardiff.ac.uk)

A range of oral health improvement activity is provided and there are different approaches to “screening” (by the CDS or general dental service). There are several examples of innovative service provision.

There is a range of planning approaches e.g. programmes of care, care pathways, guidelines, and policies. Some comments evidenced learning from what has not worked well in the past.

In some health boards all care homes are covered by CDS, while others offer shared care across the CDS and GDS. There is variation in the extent and nature of General Dental Service involvement and in “joined up” working across the services. Health boards are taking active steps to address this.

There is a wealth of different approaches in Wales currently which offer a rich environment to share learning and best practice. Cross learning and action to change current services, and evaluate those changes, offers potential improved oral health and access to dental care for care home residents across Wales.