

**Flintshire Local Oral Health Action Plan**  
**Report on a One Day Rapid Health Impact Assessment**  
**July 4<sup>th</sup> 2005**



## **Introduction.**

A rapid Health Impact Assessment was conducted against draft 10 of the Flintshire Local Oral Health Action Plan. (Appendix One).

The one day assessment aimed to contribute to the revision and final preparation of the plan by providing an opportunity for key stakeholders to provide practical recommendations on how the plan could further improve the health of the population.

A list of the attendees is included (Appendix Two).

An evaluation was undertaken at the end of the day (results in Appendix Three).

## **Stage One.**

### **Potential Implications on Health upon Implementation of the Draft Action Plan**

This table describes where the group predicted likely direction of change (i.e. positive or negative) in relation to the wider determinants of health with regards to vulnerable groups and the wider population.

Determinant of Health	Positive Health Impacts	Negative Health Impacts
<b>Lifestyles</b>		
Diet	The preventative agenda in relation to dental health will help to contribute positively to improvements in diet and nutrition	
Substance Misuse	The preventative agenda in relation to oral health, namely oral cancers and the link to smoking will contribute to work to reduce smoking amongst the population	

Accidental Injury	Prevention of / reduction in severity of dental trauma during physical activity and extreme sports as a result of education and awareness raising	
Social and Community influences on health		
	Family/peer support from prevention based work focussing on whole family approaches to dental hygiene and care	Divisions in the community where there are concerns relating to actual or perceived inequitable access to NHS dental care i.e. if the system is apparently offering favour to some to the disadvantage of others.
		<p>It is important to consider the potential impact of language used in the plan.</p> <p>For example in relation to the issue of water fluoridation:-</p> <p>There should not be any suggestion that the needs of disadvantaged communities will be met solely by the fluoridation of water supplies and provision of appropriate toothpaste etc.</p> <p>Where an intervention will potentially benefit the whole population, this should be clear in the plan.</p> <p>However, where there is the likelihood that a population or group will benefit more from an intervention, this can be referenced in a plan as an action which has the potential to contribute to a reduction in health inequalities.</p>
Economic Conditions		
	Economic activity is aided by further recruitment opportunities and sustainable staffing to implement the action plan.	

	Improvement in workplace conditions and occupational health	
	Improved access to education and training for a wider range of dental professionals	
Access		
	Non dental related access to General Practitioners and Accident & Emergency units will be aided where alternative care can be found for dental emergencies	Issues relating to access via transport are not currently addressed, resulting in potential inequalities in access for non car owners.
	Disabled access	
	Mobile Services potentially increasing opportunities for people to benefit from services where they cannot get to the fixed surgeries	

In addition, a number of general points were raised where it was felt that either the plan did not address particular issues at all or contained insufficient detail. These are outlined below and where appropriate, addressed within the recommendations section of this report.

1. Challenges where there is an interface between dental services and secondary or tertiary care.  
The potential delay in addressing pre-operative dental needs of patients or those attending for oncology treatment due to difficulties in consistency of communication.
2. Insufficient cross reference to other plans or strategies across the County which will influence dental care, particularly those focussing on prevention and oral health promotion.
3. More local data may be needed to help form decisions in the future related to access for patients with disabilities. This should be addressed as an action point.
4. Older people who are not in receipt of any form of social care services. Older people are defined as those of age 50 and above (Welsh Assembly Government - Strategy for Older People in Wales), the vast majority of whom will never require care from Social Services.

5. Linking within GP's in relation to the increased risk of oral health disease as a result of poly-pharmacy.
6. The potential of the Unified Assessment process to provide a link into services for those with low level oral health needs / provision of advice and information.
7. The needs of carers are not adequately addressed within the plan.
8. A concern was raised relating to the potential for children of parents who do not use the dental service to be at increased risk of not being taken for routine dental care.
9. The specific needs of people with mental health problems were not adequately addressed in the plan.

## **Stage Two**

Maximising predicted positive health implications and minimising/negating the predicted negative impacts.

A number of recommendations were agreed by the group:

1. Where interventions or actions would affect the whole population, e.g. the fluoridation of water supplies, this should be within a "general population" section of the Local Oral Health Action Plan or addressed as detailed within the table above.
2. Expand description/definition of action area regarding partnership work and identify what is already happening e.g. feed into the "Bridges" network through Flintshire Local Voluntary Council
3. Include an action point to identify a need to link with other action plans/strategies in place or being developed within the County with an oral health agenda including, Corporate Health Standard, Food & Nutrition Action Plan, Surestart, Children & Young Peoples Framework, Older People's Strategy etc
4. Identify appropriate links with the Substance Misuse Action Plan and explore further opportunities to identify the oral health needs of older people (aged 50+).
5. Identify and include actions within communication strategies to ensure that awareness raising / promotion messages are delivered in a variety of forms and languages to meet the diverse needs of the population.

6. To include a reference to the need to link into established mechanisms that exist within communities to disseminate messages and undertake targeted actions e.g. Communities First (inc. ongoing fissure sealant activity), Sure Start, Local Voluntary Groups (via Flintshire Local Voluntary Council) etc.
7. Consider ways to support new or expanding practices (i.e. where new NHS places become available) in a way to ensure equitable opportunities for all to register whilst:
  - a) Ensuring that surgery staff are not exposed to undue stress during the process and;
  - b) Existing patients are not unduly inconvenienced.
8. It is recommended that an education programme for dental professionals is implemented to raise awareness of the socioeconomic determinants of health.
9. It is recommended that links are made with drugs and alcohol teams to ensure that the importance dental care is highlighted. (There is an increased risk of oral cancer, dry mouth (leading to caries), perio disease and mouth infections amongst people with an alcohol or Intravenous drug dependency. In addition a reduction in the level of self care increases the risk of dental disease.
10. A number of health promotion campaigns are recommended locally, for example:
  - a) “Don’t rinse –spit”. A campaign to encourage appropriate use of toothpaste and method to be used to ensure the effective brushing of teeth.
  - b) Raising awareness that some toothpaste marketed for children’s use may not contain sufficient levels of fluoride for use in Flintshire where water is not fluoridated.
  - c) Target young people focussing on benefits of good oral and dental health as a measure of physical attractiveness.
  - d) Raising awareness with GP’s etc on the link between poor oral health and poly-pharmacy
  - e) Helping employees recognise the value of allowing employees time to attend dental appointments.

- f) Encouraging parents who do not visit the dentist to ensure that any children within the household receive the necessary care.
  - g) Encouraging people to wear helmets whilst cycling, skateboarding etc and to use mouth guards where appropriate to prevent dental injury.
11. Take opportunity to link with the new pharmacy contract and other existing health promotion campaigns (healthy schools, Health Challenge Wales etc)
  12. Explore opportunities to fund training of oral health educators to convey health promotion messages.
  13. Further work is recommended to reduce inequalities resulting from residents not being aware of mechanisms to access preventative dental or dental emergency treatment.
  14. Seek ways to address any appropriate recommendations within the Access Through Transport Study, in particular during any service remodelling etc.
  15. Explore opportunities for oral health educators to undertake one to one or group work within Community First areas as part of developing actions to facilitate community based access to advice and support.
  16. Revisit current retention/recruitment processes and consider feasibility of introducing alternative working patterns for dentists and support staff in order to:
    - a) Encourage increased flexibility in line with work/life balance (potentially aiding recruitment and retention)
    - b) Maximise the use of existing facilities (e.g. evening surgeries, weekend surgeries)
  17. Revisit the current bursary scheme for professionals complimentary to dentist in comparison to similar schemes offered within the private sector. (It has been agreed that this will be referred to the Regional Dental Committee for consideration.)
  18. Devise a plan to target undergraduates as part of a positive recruitment process (It has been agreed that this will be referred to the Regional Dental Committee for consideration.)

19. Further develop work to agree with partners, a set of criteria upon which domiciliary care is provided. (It has been agreed that this will be referred to the Regional Dental Committee for consideration.)
20. Explore opportunities through the Living Longer & Healthier Subgroup, to develop training programmes for professionals / carers regarding oral hygiene and care (including NEWCIS, Age Concern, Well Check Advisors etc.
21. Undertake an audit of facilities to assess accessibility for those with physical disabilities or sensory impairments (refer to Local Health Board) (nb. NEW Estates have already undertaken an audit of their premises as regards the DDA)
22. Recommend Regional Dental Committee address difficulties in lack of co-ordination between providers of dental care and elective surgery / those providing oncology treatment.

## **Conclusion**

The group considered that the implementation of the above recommendations within the Local Oral Health Action Plan would add to its potential to improve health and reduce health inequalities. However, the one day session has demonstrated that there is a wealth of ideas in relation to this area and further work could be undertaken in the future when the plan is reviewed to add further value to the plan.



## **Facilitators**

Karen Chambers – Well-being Development Officer, Flintshire County Council/Local Health Board  
Liz Green – Health Impact Assessment Development Officer, Welsh Health Impact Assessment Support Unit.

## **Attendees**

Dr Sandra Sandham  
Director of Dental Public Health / Head of Community Dental Service

Dr Angela Tinkler  
Associate Director, Flintshire NPHS

Christine Jones  
Older People's Strategy Development Officer, Flintshire County Council

Dr Mick Horton  
Dentist and LHB Board Member

Dr Michele Seagar  
Senior Dental Officer, Dental Health Promotion

Paul Bowker  
Head of Primary Care, Flintshire LHB

Fiona Mocko  
Equalities Officer, Flintshire County Council

Helen Carney  
Communities First, Flintshire

Ann Roberts  
Health and Social Care Facilitator, Flintshire Local Voluntary Council

Enid Connah  
Respiratory Lead LTC Management Nurse, Flintshire LHB

Neil Jellings  
Wales Centre for Health Board Member

Helen Jones  
Well Being Network Administrator

**Invited but unable to attend:**

Representative from Clwyd Community Health Council.  
School Nursing representatives.  
Children & Young People's Framework Co-ordinator  
Local Health Board Officers

## Evaluation Results

### Expectations/Comments on workshop and rating (1 = poor, 10 = excellent):

- To discuss LOHAP and identify omissions and suggest ways to enhance plan. A good day and some principles of hia difficult to apply to the topic (7)
- Learn about the structure of hia. Conduct hia (7)
- To understand the elements of a Health Impact Assessment and how it will work in practice. Learn more about Local Oral Health within Flintshire (7)
- Review of LOHAP with a view to developing and enhancing it and to increase effectiveness/impact etc (8)
- To learn more about hia theory/process. 2 To participate in Rapid hia (8)
- To complete a hia of LOHAP – gain understanding of hia – ensure GDP's are represented within the LOHAP – develop recommendations (8)
- To experience hia in practice and contribute to developing potential of LOHAP to improve health (9)
- Work collaboratively with stakeholders to come up with realistic comprehensive recommendations and to network (9)
- Observe the process of a rapid hia and how that is managed. I was surprised at the number of very simple issues that were identified which had not been included in the plan and were now captured. Added enormously to the plan. A very interesting process – well facilitated (9)
- To gain an understanding of moving hia from theory to action and how I can input. It was good to feel that my contribution was valid. I felt that all agencies gave realistic and do-able actions and there was a lot of mutual understanding of issues (9)

The next two pages show part of a toolkit that was used during the appraisal taken from “Improving Health and Reducing Inequalities – A Practical guide to health impact assessment” (Welsh Health Impact Assessment Support Unit & Partners, 2004.)

<b>Health and well-being determinants checklist</b> <b>Please note that this list is a guide and is not exhaustive.</b>	
1. Lifestyles	<ul style="list-style-type: none"> <li>• Diet</li> <li>• Physical exercise</li> <li>• Use of alcohol, cigarettes, non-prescribed drugs</li> <li>• Sexual activity</li> <li>• Other risk-taking activity</li> </ul>
2. Social and community influences on health	<ul style="list-style-type: none"> <li>• Family organisation and roles</li> <li>• Citizen power and influence</li> <li>• Social support and social networks</li> <li>• Neighbourliness</li> <li>• Sense of belonging</li> <li>• Local pride</li> <li>• Divisions in community</li> <li>• Social isolation</li> <li>• Peer pressure</li> <li>• Community identity</li> <li>• Cultural and spiritual ethos</li> <li>• Racism</li> <li>• Other social exclusion</li> </ul>
3. Living/environmental conditions affecting health	<ul style="list-style-type: none"> <li>• Built environment</li> <li>• Neighbourhood design</li> <li>• Housing</li> <li>• Indoor environment</li> <li>• Noise</li> <li>• Air and water quality</li> <li>• Attractiveness of area</li> <li>• Community safety</li> <li>• Smell/odour</li> <li>• Waste disposal</li> <li>• Road hazards</li> <li>• Injury hazards</li> <li>• Quality and safety of play areas</li> </ul>
4. Economic conditions affecting health	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income</li> <li>• Economic inactivity</li> <li>• Type of employment</li> <li>• Workplace conditions</li> </ul>
5. Access and quality of services	<ul style="list-style-type: none"> <li>• Medical services</li> <li>• Other caring services</li> <li>• Careers advice</li> <li>• Shops and commercial services</li> <li>• Public amenities</li> <li>• Transport</li> <li>• Education and training</li> <li>• Information technology</li> </ul>
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> <li>• Government policies</li> <li>• Gross Domestic Product</li> <li>• Economic development</li> <li>• Biological diversity</li> <li>• Climate</li> </ul>

## **Vulnerable and/or disadvantaged population groups**

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

### **1. Age related groups\***

- Children and young people
- Older people

### **2. Income related groups**

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

### **3. Groups who suffer discrimination or other social disadvantage**

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups\*\*
- Religious groups\*\*

### **4. Geographical issues**

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

\* Could specify age range or target different age groups for special consideration.

\*\* May need to specify.

## **About the Welsh Health Impact Assessment Support Unit.**

Health Impact Assessment is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Assembly Government is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. Health impact assessment works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales.

### **Welsh Health Impact Assessment Support Unit**

WHIASU is based in the Cardiff Institute of Society, Health and Ethics which is part of Cardiff University's School of Social Sciences. It is funded by the Welsh Assembly Government, through the Wales Centre for Health and is resourced to cover both North and South Wales.

#### **The key roles of WHIASU are:**

- To support the development and effective use of the health impact assessment approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those who are in the process of conducting health impact assessments.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

#### **Contacting the Welsh Health Impact Assessment Unit.**

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