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# Designed to Smile Programme

## Annual report for the academic year 2022-2023

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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 Local Health Boards in Wales. The reporting period is from 1st September 2022 to 31st August 2023.

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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 report collates activity during the academic year 2022-23. It demonstrates the continued efforts to restart the different elements of the evidence-based, targeted interventions that form the Designed to Smile programme following the COVID-19 pandemic. This academic year is the first year not affected by substantial staff redeployment and widespread school restrictions.

**1003 nurseries and schools provided a supervised toothbrushing programme; 50,705 children participated**

**544 schools facilitated fluoride varnish application visits; 35,795 children received at least one application**

**166,940 toothbrushing home packs were distributed via nurseries and schools; 23,644 packs were distributed via Health Visitors**

**6417 teaching staff and 588 health and social care professionals received oral health training from Designed to Smile**

## 2. Summary of the year

The comparison in Table 1 demonstrates the considerable activity undertaken to restore Designed to Smile to previous activity levels prior to the pandemic (academic year 2018/19), and the much improved position compared to challenges of academic year 2021/22 during the pandemic.

*Table 1: Summary of Designed to Smile activity in 2022-23 compared to 2018-19 and 2021-22*

	Academic year 2018/19	Academic year 2021/22	Academic year 2022/23
No. of nurseries and schools participating in toothbrushing	1,396	317	<b>1003</b>
% of eligible nurseries/schools that are participating in toothbrushing	82%	20%	<b>60%</b>
No. of children toothbrushing at nursery/school	90,602	15,350	<b>50,705</b>
No. of targeted settings refusing to participate in toothbrushing	137	389	<b>367</b>
No. of nursery/school staff receiving toothbrushing training	4,436	2,142	<b>6,417</b>
No. of toothbrushing home-packs distributed by nurseries and schools	188,709	171,465	<b>166,940</b>
No. of schools participating in the fluoride varnish programme	609	255	<b>544</b>
No. of children receiving fluoride varnish at school	44,217	17,744	<b>35,795</b>
No. of toothbrushing home packs distributed by health visitors	16,390	19,510	<b>23,644</b>
No of trainer cups distributed by health visitors	8,286	7,726	<b>11,529</b>
Whole time equivalent NHS workforce employed to deliver Designed to Smile	82.5	88.7	<b>86.75</b>
Programme expenditure within NHS Wales	£3,767,416	£3,265,155	<b>£3,595,398</b>

### 3. Structure of the Programme

Designed to Smile is a national programme, which follows public health principles of proportionate universalism, as described by Marmot<sup>1</sup>. It is based on delivering approaches recommended in NICE guidance<sup>2</sup>.

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

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<sup>a</sup>, 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 solely Additional Learning Needs provision are invited to participate.

NICE Guidance PH55 Oral Health: local authorities and partners (2014)<sup>2</sup>

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

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<sup>a</sup> 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)<sup>2</sup>*

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

Supervised toothbrushing re-commenced at the beginning of the academic year in 220 settings, with an additional 305 settings restarting their programmes in the Autumn term (Figure 1). As only 317 settings had restarted their toothbrushing programmes in the previous academic year, there was a considerable amount of work undertaken by Designed to Smile staff to retrain settings staff, organise the consent process, and provide supplies and supervision. A total of 549 nurseries and 454 schools provided a supervised toothbrushing programme by the end of this academic year. Many local D2S teams reported ongoing pressures in settings in terms of COVID recovery, workforce and budget issues that negatively impacted capacity, time management and prioritisation. This affected settings' participation, and 367 refused to restart their toothbrushing programmes (Table 3).

*Figure 1: Number of settings restarting the supervised toothbrushing programme, by month in the academic year 2022-2023*

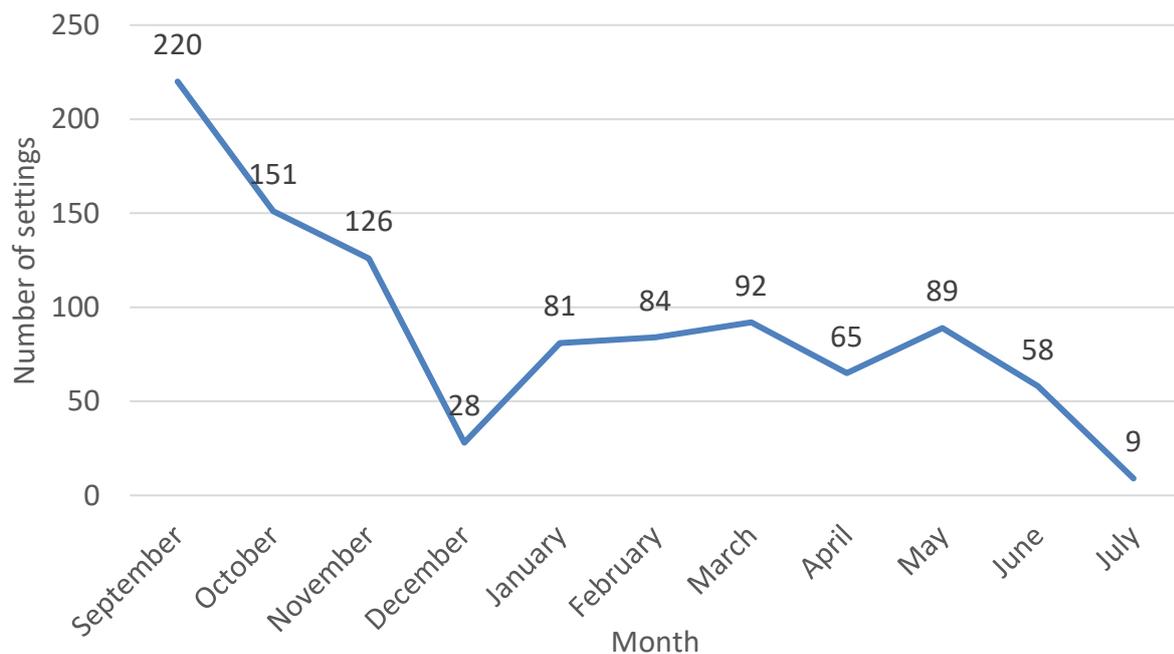


Table 3 illustrates how the majority of the settings participating were based in WIMD1 and WIMD2 locations (68%).

*Table 3: Status of participation in the supervised toothbrushing programme*

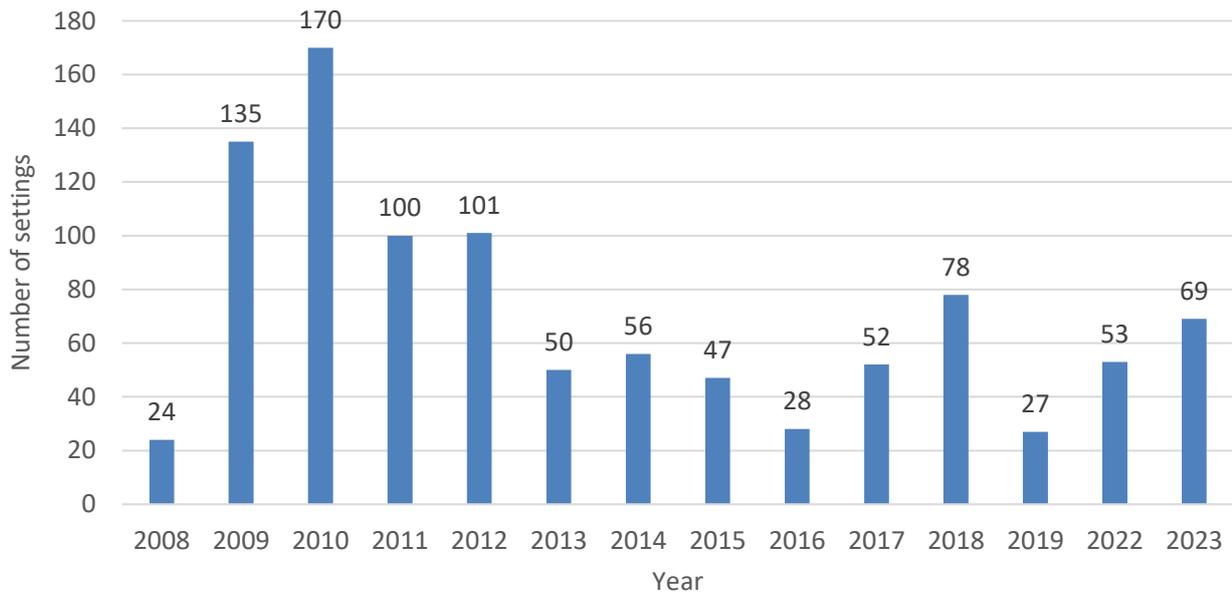
	Total eligible	Participating (percentage of total eligible)	Not yet targeted due to D2S capacity	Refused/ withdrawn	Suspended
<b>Wales Total</b>	<b>1681</b>	<b>1003 (60%)</b>	<b>302</b>	<b>367</b>	<b>9</b>
WIMD1	498	356 (71%)	52	85	5
WIMD2	527	325 (62%)	108	92	2
WIMD3	552	258 (47%)	124	168	2
Other	104	64 (62%)	18	22	0
<b>ABUHB<sup>b</sup></b>	<b>323</b>	<b>182 (56%)</b>	<b>105</b>	<b>36</b>	<b>0</b>
<b>BCUHB</b>	<b>425</b>	<b>277 (65%)</b>	<b>47</b>	<b>101</b>	<b>0</b>
<b>CAVUHB</b>	<b>174</b>	<b>121 (70%)</b>	<b>6</b>	<b>47</b>	<b>0</b>
<b>CTMUHB</b>	<b>242</b>	<b>130 (54%)</b>	<b>75</b>	<b>31</b>	<b>6</b>
<b>HDUHB</b>	<b>241</b>	<b>172 (71%)</b>	<b>31</b>	<b>35</b>	<b>3</b>
<b>PTHB</b>	<b>84</b>	<b>24 (29%)</b>	<b>0</b>	<b>60</b>	<b>0</b>
<b>SBUHB</b>	<b>192</b>	<b>97 (51%)</b>	<b>38</b>	<b>57</b>	<b>0</b>

The data presented show a huge improvement on the previous year, however participation rate by setting does mask the participation rate within setting. In the 454 schools participating, non-participation of year groups was as follows: 40 in reception (9%); 70 in Year 1 (15%); 97 in Year 2 (21%). Conversely, 58 schools did have older year groups participating; this was mainly in schools with Additional Learning Needs provision (n=41), but also smaller schools with mixed year group classes.

<sup>b</sup> ABUHB: Aneurin Bevan University Health Board  
 BCUHB: Betsi Cadwaladr University Health Board  
 CAVUHB: Cardiff and Vale University Health Board  
 CTMUHB: Cwm Taf Morgannwg University Health Board  
 HDUHB: Hywel Dda University Health Board  
 PTHB: Powys Teaching Health Board  
 SBUHB: Swansea Bay University Health Board

The settings had a varied length of time participating in the supervised toothbrushing programme, as illustrated in Figure 2. Many settings had been participating in Designed to Smile since its early inception in 2008-2009, but there were 69 settings that had not participated before (they may be new settings), and began a supervised toothbrushing scheme for the first time in 2022-23.

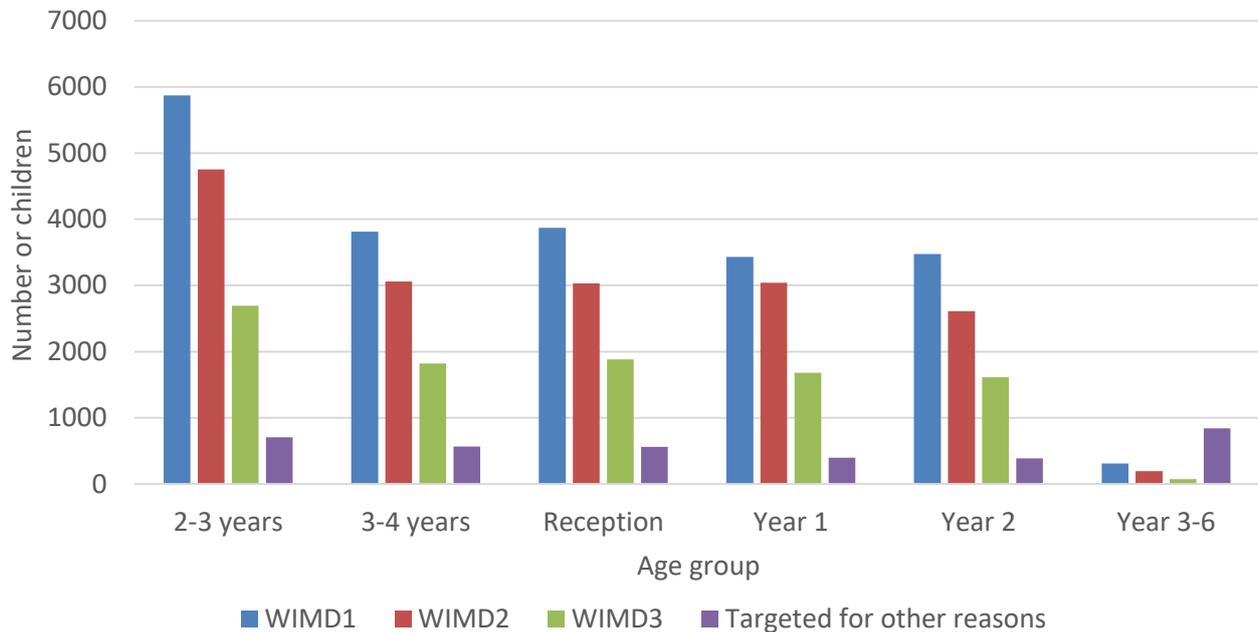
*Figure 2: The original year in which currently participating settings first participated in Designed to Smile supervised toothbrushing programme*



Within the 1003 participating settings, 50,705 children had parental/carer consent to take part in the supervised toothbrushing programme (Table 4). This was approximately 81%. 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%.

The programme is being delivered to the targeting principles. Most schools and nurseries located in disadvantaged areas are participating in supervised toothbrushing, and younger children are participating more than older age groups (Figure 3).

Figure 3: The number of children participating in supervised toothbrushing settings, by the WIMD (Welsh Index of Multiple Deprivation) location of the participating settings



Feedback was received by participating settings at the end of the academic year, particularly in CAVUHB where 32 settings responded to an online survey. 100% of respondents felt they received enough support and information from the Designed to Smile team, that the toothbrushing guidelines were clear and concise and that they had sufficient stock provided to carry out the toothbrushing. Time pressures were the main challenges raised. Some examples of the positive feedback received were:

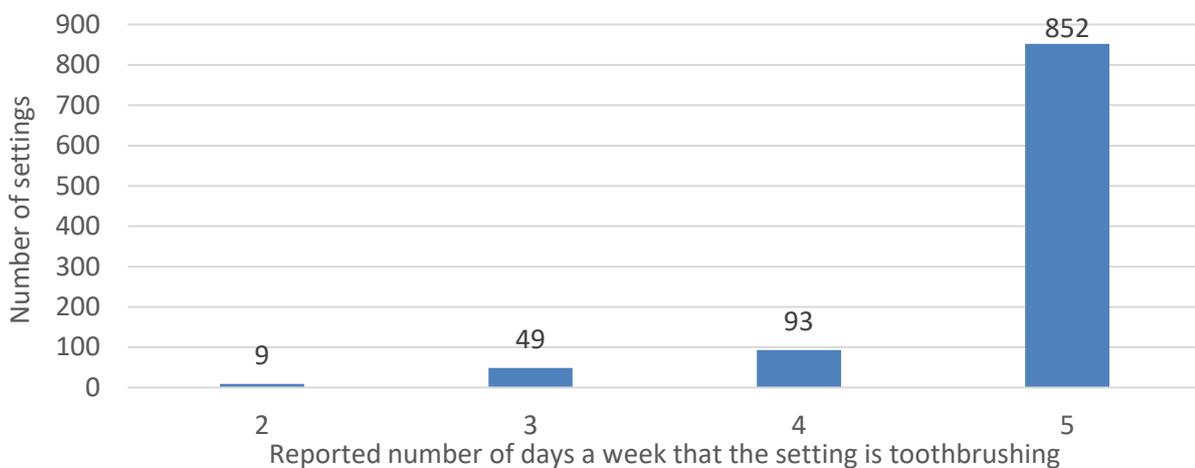
- Improved oral hygiene
- Promotes health and well-being
- Reassurance that our pupils are brushing their teeth at least once a day
- Educating our pupils on the importance of toothbrushing
- Encouraging families to look after their children's teeth
- Children have become more aware of their oral hygiene and improved toothbrushing techniques.
- As children are toothbrushing at the same time, many children who were reluctant to brush are now happy to and seem to enjoy it. Parents have reported that children are more eager and better at brushing at home since they started at the setting.

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

	Number of children eligible at participating settings	Number with consent and participating (% of number eligible)	Number aged 2-3 years	Number aged 3-4 years	Number in Reception [4-5 years]	Number in Year 1 [5-6 years]	Number in Year 2 [6-7 years]	Number in Year 3-6 [7+ years]
<b>Wales Total</b>	<b>62,844</b>	<b>50,705 (81%)</b>	<b>14030</b>	<b>9260</b>	<b>9352</b>	<b>8551</b>	<b>8089</b>	<b>1423</b>
<i>WIMD1</i>	25,513	20,776 (81%)	5874	3811	3871	3433	3476	311
<i>WIMD2</i>	20,604	16,696 (81%)	4754	3059	3033	3042	2612	196
<i>WIMD3</i>	11,990	9769 (81%)	2695	1822	1885	1678	1614	75
<i>Other</i>	4737	3464 (73%)	707	568	563	398	387	841
<b>ABUHB</b>	11,980	10,306 (86%)	3185	1977	1839	1566	1520	219
<b>BCUHB</b>	13,110	10,065 (77%)	3629	1497	1705	1562	1512	160
<b>CAVUHB</b>	11,756	8920 (76%)	1771	1798	1864	1589	1300	598
<b>CTMUHB</b>	8834	6670 (76%)	1847	1298	1324	1074	934	193
<b>HDUHB</b>	8983	7670 (85%)	2044	1133	1409	1489	1451	144
<b>PTHB</b>	647	513 (79%)	20	156	123	126	88	0
<b>SBUHB</b>	7534	6594 (88%)	1534	1401	1098	1145	1284	132

Nurseries and schools participating in Designed to Smile are required to participate in quality assurance visits from local Designed to Smile teams. A total of 2744 visits were conducted in the academic year. There were 33 settings that required remedial measures to be introduced following a quality assurance visit (3.3%). 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, 852 settings reported brushing 5 times a week (Figure 4).

*Figure 4: The Average number of times per week (weekdays only) that participating settings report they are toothbrushing*



Nursery and school staff require training by their local Designed to Smile team before starting a supervised toothbrushing programme. In total, 6417 staff were trained at 893 participating settings in this academic year. The number of staff trained at each setting varied from 1 to 87. This is likely due to the size of the setting in terms of children attending and the needs of the classes. There were 610 staff trained in settings with solely Additional Learning Needs provision (mean average of 23 staff trained per setting). In other settings, there was a mean average of 6 staff trained per setting. Yet the most common number of staff trained at a setting was 3 (at 118 settings), and 111 participating settings had no staff trained this academic year.

## 5. Fluoride Varnish Programme

*NICE Guidance PH55 Oral Health: local authorities and partners (2014)<sup>2</sup>*

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

A total of 544 schools participated in the fluoride varnish programme this academic year. Table 5 illustrates how most of the settings participating were based in WIMD1 and WIMD2 locations (70%).

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

	<b>No. of schools eligible</b>	<b>Participating (percentage of total eligible)</b>	<b>Not yet targeted due to D2S capacity</b>	<b>Refused/ withdrawn</b>
<b>Wales Total</b>	<b>832</b>	<b>544 (65%)</b>	<b>225</b>	<b>63</b>
<i>WIMD1</i>	228	205 (90%)	20	13
<i>WIMD2</i>	255	174 (68%)	64	13
<i>WIMD3</i>	283	136 (48%)	116	36
<i>Other</i>	66	29 (44%)	25	1
<b>ABUHB</b>	153	70 (46%)	60	23
<b>BCUHB</b>	205	56 (27%)	149	0
<b>CAVUHB</b>	86	77 (90%)	4	5
<b>CTMUHB</b>	131	129 (99%)	1	1
<b>HDUHB</b>	118	89 (68%)	9	20
<b>PTHB</b>	34	25 (74%)	1	8
<b>SBUHB</b>	105	98 (93%)	1	6

Within the 544 participating settings, 42,924 children had parental/carer consent to participate in the fluoride varnish programme (Table 6). This was approximately 75%. 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 78.7%. Approximately 7.6% of children with consent were excluded for medical reasons.

Table 6: Number of children receiving Fluoride Varnish, by WIMD status of the setting and Local Health Board

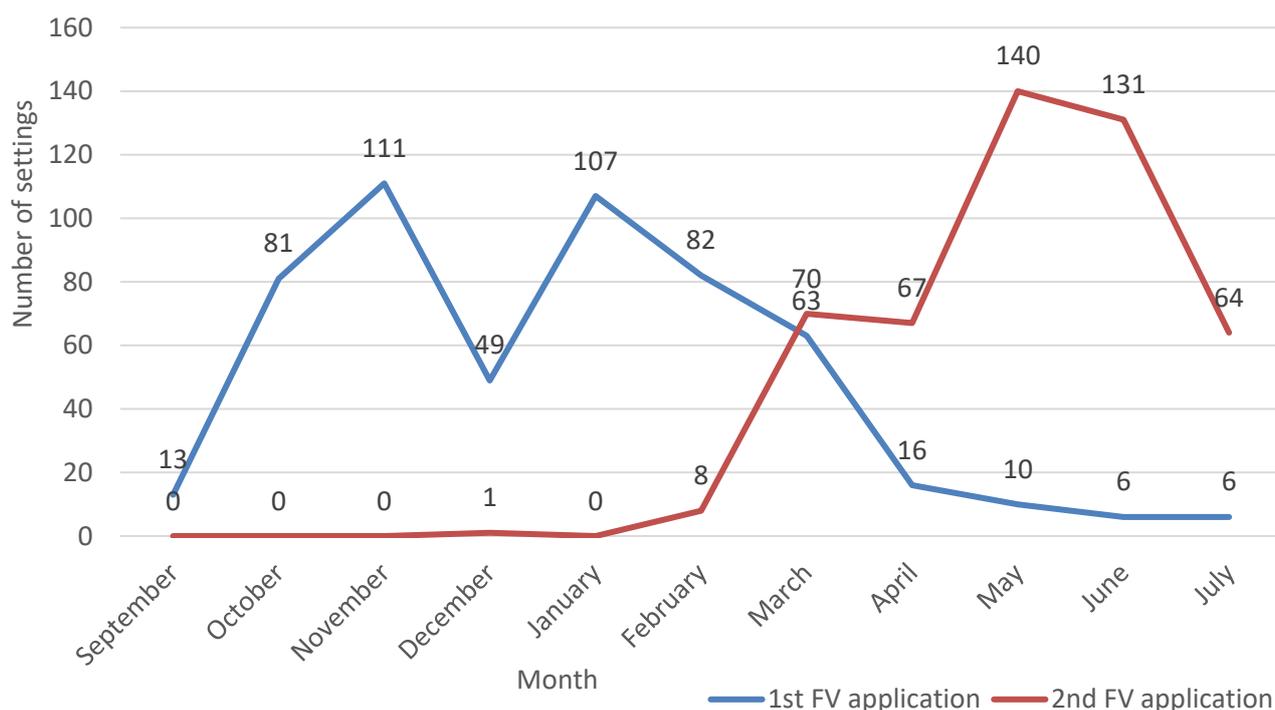
	Number of children eligible at participating settings	Number with consent (% of number eligible)	Number excluded due to medical reasons	Number aged 3-4 years	Number in Reception [4-5 years]	Number in Year 1 [5-6 years]	Number in Year 2 [6-7 years]	Number in Year 3-6 [7+ years]
<b>Wales Total</b>	<b>56,896</b>	<b>42,924 (75%)</b>	<b>3269</b>	<b>7843</b>	<b>9712</b>	<b>10,019</b>	<b>8130</b>	<b>166</b>
<i>WIMD1</i>	24,909	18,445 (74%)	1433	3390	4037	4155	3641	9
<i>WIMD2</i>	17,196	13,044 (76%)	977	2513	2992	3245	2140	42
<i>WIMD3</i>	10,890	8275 (76%)	649	1281	1931	1943	1746	99
<i>Other</i>	3901	3160 (81%)	210	659	752	676	603	16
<b>ABUHB</b>	8792	6670 (76%)	481	1256	1459	1386	1455	3
<b>BCUHB</b>	5618	3787 (67%)	307	655	785	806	895	1
<b>CAVUHB</b>	11650	8425 (72%)	585	1483	1761	1783	1879	91
<b>CTMUHB</b>	9742	7590 (78%)	625	1952	2185	2287	0	0
<b>HDUHB</b>	6595	5003 (76%)	396	558	1150	1251	1288	43
<b>PTHB</b>	1407	1173 (82%)	92	0	304	347	298	4
<b>SBUHB</b>	13092	10276 (79%)	783	1939	2068	2159	2315	24

In total, 35,795 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.

Of the 544 schools which participated in the fluoride varnish programme, 481 settings received 2 fluoride varnish visits in the year, and 63 received only 1 visit. Local Designed to Smile teams reported that the programme has been negatively impacted this year due to teaching workforce industrial action and disruption caused by snow. In CTMUHB, 24 days of fluoride varnish application visits were cancelled to adverse events.

Approximately 21,900 children (61%) received one fluoride varnish application within the academic year, and 13,900 children (39%) received two applications. Figure 6 illustrates the months in which first and second fluoride visits occurred for all health boards.

Figure 6: Schedule of fluoride varnish application visits, by month in the academic year 2022-2023



Of the children that had a fluoride varnish application, 6417 (18%) 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 identified 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 with a concerns card was highest in WIMD1 settings.

*Table 8: Number of children (% of the number receiving fluoride varnish) issued with a card to parent/carer expressing concerns of dental caries, by WIMD status of the setting*

	<b>WIMD 1</b>	<b>WIMD 2</b>	<b>WIMD 3</b>	<b>Other</b>
<b>Wales total</b>	3184 (21%)	1816 (17%)	1083 (16%)	334(12%)

An example of good practice, is the pathway that has been established in HDUHB this year, between the local Designed to Smile team and Primary Care to direct children receiving these concerns cards to available General Dental Practitioners. This is working well, and feedback from parents and staff has been positive.

## 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)*<sup>3</sup>

**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. This is to encourage healthy habits for brushing at home. Table 9 details the distribution of home packs to 656 nurseries and 665 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, by Local Health Board*

	No. of nurseries receiving toothbrushing home packs (% of number eligible)	No. of schools receiving toothbrushing home packs (% of number eligible)	Total no. of home packs distributed to settings	Estimated no. of children receiving home packs from the setting	Ave no. of home packs per child per year
<b>Wales Total</b>	<b>656 (78%)</b>	<b>665 (79%)</b>	<b>166,940</b>	<b>89,078</b>	<b>1.9</b>
<b>ABUHB</b>	109 (62%)	75 (50.7)	21364	12941	1.6
<b>BCUHB</b>	215 (97%)	197 (96%)	44165	22578	1.9
<b>CAVUHB</b>	58 (70%)	81 (88%)	27532	14352	1.9
<b>CTMUHB</b>	100 (96%)	136 (99%)	35434	18540	1.9
<b>HDUHB</b>	94 (80%)	82 (68%)	17689	9000	1.9
<b>PTHB</b>	43 (90%)	34 (94%)	4682	2836	1.6
<b>SBUHB</b>	37 (43%)	60 (57%)	16074	8831	1.6

## 7. Working with Healthy Child Wales and partner professions

*NICE Guidance PH55 Oral Health: local authorities and partners (2014)<sup>2</sup>*

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)<sup>4</sup>*

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

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 10). A total of 23,644 toothbrushing home packs and 11,529 trainer cups were provided via health visitors in 2022-2023.

Designed to Smile teams provide oral health education training to health and social care professionals (Table 11). 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, school nurses, 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 toothbrushing home packs and trainer cups distributed to the Healthy Child Wales programme, by Local Health Board*

	<b>No. of home packs provided to Health Visitors</b>	<b>No. of trainer cups provided to Health Visitors</b>	<b>PROXY DENOMINATOR No. of live births annually (2021)<sup>c</sup></b>
<b>Wales Total</b>	<b>23,644</b>	<b>11,529</b>	<b>28,879</b>
<b>ABUHB</b>	8200 <sup>d</sup>	0	5820
<b>BCUHB</b>	7455	6110	6211
<b>CAVUHB</b>	364	259	5067
<b>CTMUHB</b>	2000 <sup>e</sup>	2000	4213
<b>HDUHB</b>	3100	1020	3067
<b>PTHB</b>	350	50	1054
<b>SBUHB</b>	2175	2090	3315

*Table 11: Number of professionals receiving oral health education training, by Local Health board*

	<b>No. of Health Visitors/ students that have received training (no. of training sessions)</b>	<b>No. of other professionals that have received training (number of training sessions)</b>
<b>Wales Total</b>	<b>94 (11)</b>	<b>494 (27)</b>
<b>ABUHB</b>	0	192 (3)
<b>BCUHB</b>	28 (7)	136 (13)
<b>CAVUHB</b>	0	0
<b>CTMUHB</b>	60 (2)	0
<b>HDUHB</b>	6 (2)	166 (11)
<b>PTHB</b>	0	0
<b>SBUHB</b>	0	0

<sup>c</sup> Source of birth data: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-Child-Health/livebirthstowelshresidents-by-localhealthboard-placeofbirth>

<sup>d</sup> In ABUHB, packs have also been provided to the Paediatric unit at the Grange Hospital where staff identify vulnerable children who were admitted without toothbrush/paste.

<sup>e</sup> Whilst Designed to Smile supports all Health Visiting teams in CTMUHB, the Primary Care division provides free flow cups and toothbrushing home packs to health visiting teams in RCT and Merthyr localities from a separate budget. Child Health department are responsible for the ordering of these resources. Approximately 4000 are delivered each year.

## **Local Activities**

### **Aneurin Bevan UHB**

The Designed to Smile team works closely with the Blaenau Gwent Childcare Sufficiency Assessment Plan (2022- 2027), to ensure that underprivileged children are prioritised for oral health interventions; with the Early Years Development Childcare Partnership to establish oral health promotion; and with Neighbourhood Care Networks to improve dental access. The team continues to have a good relationship with Healthy Schools Co-ordinators and Healthy Pre School officers to ensure healthy eating habits and good oral care is introduced into childcare settings and schools, and continue to be included in many multi-disciplinary events, promoting the Designed to Smile programme and good oral health.

### **Betsi Cadwaladr UHB**

The Designed to Smile team has been collaborating with the Best Start project to ensure information about the programme and incorporation of key prevention messages. The team supported BCUHB's presence at the Eisteddfod with a Designed to Smile stand, and led promotional activities during National Smile Month.

### **Cardiff and Vale UHB**

The Designed to Smile team hosted a stand at the CAVUHB Primary, Community & Intermediate Care Division workforce conference in March 2023, and invited senior board managers for a site visit. Designed to Smile is a member of the steering groups for Healthy Schools, Healthy Pre-schools and Gold Standard Healthy Snack Awards across CAVUHB.

The Designed to Smile team have been involved with the Food and Fun School Holiday Enrichment Programme during the Summer. Dental health sessions were delivered, engaging with children, their families and school staff. Toothbrushing packs were distributed. To mark National Smile Month, the team hosted a display stand at Llandough Children's Outpatients department. Staff attended weaning groups and health fayres where their audience included health visitors, dieticians, parents and children. Toothbrushing packs and drinking cups were provided. In June, the Designed to Smile team attended a Health and Well-being Celebrations Event for primary schools, alongside other health and social care agencies. They delivered an information session and then spoke individually to over 100 children and adults. Schools participating in Designed to Smile were presented with gold certificates of achievement.

### **Cwm Taf Morgannwg UHB**

The Designed to Smile team is a member of the CTMUHB Infant Feeding Strategy Group, and is working with the Merthyr PIPYN team to support children aged 3-6 years and their families achieve a healthy weight. The team has worked with Community Dental Service clinicians and paediatric colleagues to provide interactive workshops with staff and pupils, and a parent information day at Ysgol Henfelin. This work was supporting the Children's Charter.

During National Smile Month, the team set up promotional boards and provided resources at over 4 hospital sites within CTMUHB. They made contact with over 400 adults and 30 children. Designed to Smile teams attended Teddy Bears Picnic, an annual event run by Rhondda Cynon Taf local authority aimed at children 5 and under. Over 3000 people attend this event and it enables good partnership working with Flying Start colleagues, health and education, as well as parents.

### **Hywel Dda UHB**

The Designed to Smile team continued to deliver oral health sessions via 'Skills to Care' to all new Health Care Support Workers/ student nurses. They covered the Designed to Smile programme as well as key messages for adults. The team collaborated with the wider Community Dental Service and General Dental Services to attend a careers event. The team continued to support the local area community teams with provision of home packs and cups and are setting up sessions for foster parents to provide key messages for these vulnerable children and teenagers. The Designed to Smile team attended the Eisteddfod, and engaged with approximately 300 children and parents.

## 8. Programme Delivery

NB. The data presented in this section refer to the financial year period 2022-23, rather than academic year.

Table 12 presents the Designed to Smile workforce as recorded in March 2023. Long term staff sickness has impacted programme delivery in HDUHB, CTMUHB, CAVUHB and SBUHB. BCUHB and CAVUHB had lengthy waits for recruitment due to slow processes within the health boards. In ABUHB, two staff did not return from COVID-19 re-deployment and vacancies are still unfilled in this academic year. Likewise, CTMUHB had 5 long-term vacancies due to staff gaining other employment following redeployment. Due to vacancies in local teams, cross-cover has resulted in additional fuel costs and extended travel times.

Designed to Smile staff have continued to develop their skills and knowledge, and gained further qualifications. This includes the following courses:

- Nutrition Skills for Life (BCUHB and CAVUHB)
- HEIW Oral Health Education (HDUHB and CTMUHB)
- HEIW Making Prevention Work in Practice (CAVUHB and HDUHB)
- Manual Handling Assessor (CAVUHB)
- Level 2 Digital Application Support Apprenticeship (CAVUHB)
- Paediatric Basic Life Support cascade training (CAVUHB)
- Risk Assessment (CAVUHB)
- Leadership and Management (HDUHB).

Table 13 presents the annual expenditure of the programme.

Table 12: Designed to Smile Workforce (WTE) within the NHS Community Dental Services (March 2023)

	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
<b>Wales Total</b>	<b>1 (1)</b>	<b>6 (4.41)</b>	<b>48 (32.57)</b>	<b>28 (17.48)</b>	<b>20 (13.05)</b>	<b>14 (7.47)</b>	<b>2 (0.6)</b>	<b>6 (0.9)</b>	<b>13 (9.27)</b>
<b>ABUHB</b>	1 (1)	2 (1.9)	10 (9.8)	10 (6.15)	0	0	1 (0.2)	1 (0.2)	2 (0.95)
<b>BCUHB</b>	0	0	11 (6.17)	9 (6.33)	0	3 (1.54)	0	2 (0.2)	2 (1.4)
<b>CAVUHB</b>	0	1 (0.6)	8 (4.63)	0	6 (3.91)	4 (1.9)	0	1 (0.2)	1 (0.8)
<b>CTMUHB</b>	0	1 (0.82)	8 (4.93)	8 (4.8)	0	3 (1.59)	0	2 (0.3)	2 (1.52)
<b>HDUHB</b>	0	1 (0.57)	4 (3.09)	1 (0.2)	5 (3.93)	3 (2.32)	0	0	3 (2.0)
<b>PTHB</b>	0	0	3 (1.41)	0	1 (0.8)	1 (0.12)	1 (0.4)	0	1 (1.0)
<b>SBUHB</b>	0	1 (0.52)	4 (2.54)	0	8 (4.41)	0	0	0	2 (1.6)

Table 13: Designed to Smile Expenditure in Financial Year April 2022-March 2023

	Consumables £	Programme Administration £	Dental Packs for home use £	Travel Costs eg. lease vehicles, mileage £	Staff salaries £	Staff Training £	Total £
<b>Wales Total</b>	<b>316,664</b>	<b>143,404</b>	<b>125,042</b>	<b>159,547</b>	<b>2,850,453</b>	<b>288</b>	<b>3,595,398</b>
<b>ABUHB</b>	25,400	24,862	34,891	24,880	583,759	0	693,792
<b>BCUHB</b>	108,659	42,495	12,179	43,407	607,407	288	814,435
<b>CAVUHB</b>	30,284	18,875	14,844	18,300	399,867	0	482,170
<b>CTMUHB</b>	38,978	25,884	33,298	26,719	455,770	0	580,649
<b>HDUHB</b>	70,656	17,264	0	24,900	351,965	0	464,785
<b>PTHB</b>	15,074	7,955	5,796	9,427	142,611	0	180,863
<b>SBUHB</b>	27,613	6,069	24,034	11,914	309,074	0	378,704

## References

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

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

<sup>3</sup> 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>

<sup>4</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560972/Rapid_review_ROI_oral_health_5_year_old.pdf)