A DAY IN THE LIFE

MAKING BARRIERS OPPORTUNITIES

A Brit won Wimbledon. Margaret Thatcher passed away. Gay marriage was legalised in England and Wales. When you look back to 2013, it was a fairly monumental year for news. One significant development came in the form of Public Health England (PHE), which opened its doors to high quality, evidence-based decision making. **Jenny Godson** has been there from the start, and news editor **David Westgarth** went to PHE's office to chat to Jenny and find out what a day in the life of the national lead for oral health improvement is like.

That's the great thing about what I do. No two days have ever or will ever be the same. Take today for instance. I've travelled down from my home in Wakefield, spent the two hour journey into London tidying up emails and office work before attending a meeting with the PHE Best Start in Life team. We are looking to do some joint strategic work on oral health improvement with them and our meeting was to discover how we can take our plans forward. After this interview, I have another meeting to look at the personal child health record (PCHR), which is a red book given to all new parents. It has some dental information in there, but the content needs to be reviewed. I'm working on this with the Royal College, Faculty of Dental Surgery and Health Education England. We're then going to put together our proposal for the content which will go to the PCHR committee in October. I hope to catch up with Sandra White (Director of Public Dental Health) before catching the train home and hopefully making my 7.30 pm yoga class.

Outside of PHE I'm also the President for the British Association for the Study of Community Dentistry (BASCD), I was invested as President at our April conference in Leeds this year and I'm also the patron for the National Oral Health Promotion Group (NOHPG), so as you can see I have plenty on my plate!

But where did Jenny's love for community dentistry come from?

I graduated in 1985 from Manchester University and have worked in a dental practice, hospital and community dentistry settings. I worked as a clinical dentist for 20 years, which is quite unusual for a specialist in dental public health and something I am very proud of. To honour my length of service I received the NHS Long Service Award, something I am also very proud of. I have always worked in communities where the need for dental services was very high. I started in Manchester and then moved across the Pennines to Yorkshire after I married my husband and worked for many years in Bradford, which is among the poorest areas in the country for oral health. I saw the impact poor oral health was having on these families and young children and became very interested in community and population oral health to see what could be done at a strategic level to improve their lives.

So what are the main challenges?

PHE is focused on providing high level evidence of what works to improve health and reduce health inequalities. This doesn't just apply to dentistry, but if you focus on children, given the data sets we have seen, we know oral health is improving nationally, but we are aware that significant inequalities exist and the poorest oral health is increasingly found amongst the most vulnerable children. Our job is to look at the evidence and find out what works before putting across recommendations for action. I led the teams updating *Delivering better oral health* (DBOH) which was one of the priorities when PHE was formed and *Commissioning better oral health* (CBOH) released in 2014 looking at oral health from a population perspective – the first evidence based toolkit to do so – and was challenging but it has proved to be and will continue to be important for local authorities (LA), who now have the lead role in implementing health improvement.

At the same time NICE were putting together their PH55 public health guidance on population and community level oral health improvement. These documents provide a great platform moving forward, and the challenges I now face mainly surround supporting the implementation of the recommendations at LA level, given the financial climate we find ourselves in and the budget limitations they have.

Asides from budget limitations, what other challenges does Jenny face?

There are some barriers, but they also present some exciting challenges. Rather than one organisation solely leading on oral health we have several with the potential to contribute. Although LAs have responsibility for commissioning oral health improvement programmes, dental services are commissioned by NHS England. In the Five Year Forward View, put forward by Simon Stevens, there is a very clear emphasis on prevention and early intervention, and Health Education England is tasked with ensuring the workforce is ready to deliver the oral health improvements we want to see. The potential collaboration with new stakeholders also presents some excellent opportunities. We need to be delivering oral health messages to children as soon as possible, intervening early and supporting that with advice for schools and parents ensuring what we are saying is consistent and evidence-based.

Fortunately, we have the evidence-based information. My priority is making it widely available and telling people it is out there. We're currently in discussions to align the content of DBOH with NHS Choices, as that's one of the biggest public-facing health websites in England. There's

also Start for Life which is a text support for new parents, and we're looking at appropriate oral health messages to pass on. We are working on the personal child health record and with the Institute of Health Visiting who support health visitor training and ensure that health visitors and parents have access to evidence-based material. Working with these partners is challenging but presents many opportunities to pull together and collectively bring about oral health improvements.

In Jenny's experience, what do communities really think of oral health? Is it a waste of time or necessary expenditure?

Certainly the media attention regarding GA admission data for 5- to 9-year-olds hit hard. The Health Select Committee looking at improving oral health in children before the election was great to see, and of course the Scientific Advisory Committee on Nutrition's (SACN) recommendations on sugar and the fall-out from that has brought dental health to the forefront of communities and our minds. Dental Public Health in PHE co-ordinated a round table event with the Best Start in Life team to take a look strategically at how we can improve children's oral health in partnership with a wide range of stakeholders. One common theme from the voices around the table was the surprise at the lack of moral outrage surrounding poor oral health. If 26,000 children aged 5-9 years were being admitted to hospital for treatment of an open wound on any other part of the body there would be total outrage. There was a great consensus that something could be done and it was within our collective powers to do something about it.

What does the evidence tell us – more education needed or time to intervene?

We have to focus on what the evidence tells us works and we also have to be aware of the impact on oral health inequalities. In CBOH we looked at the totality of the evidence – what does the literature tell us and also what the impact of interventions on inequalities would be. How easy is it to implement? What costs are involved? What we know about education on its own is that it can increase inequality, as some take on the information and some don't. Those who do leave the ones who don't behind and you find the gap widens. We need co-ordinated action across the board from upstream healthy settings and policies all the way to individual advice and education. It can't be one or the other.

Was becoming President of BASCD a career highlight?

Yes of course! I joined BASCD in 1987 after being really impressed with the first conference I attended. It seemed that nearly everyone in attendance had produced an article I had just been studying for my finals, so that was impressive. We also had speakers with diseases named after them they were so prestigious! They were a friendly bunch too and I joined the council five years ago. I was delighted to be elected by fellow members as President elect two years ago before taking up the role early this year. I'm enjoying my time as I'm busy planning for the November conference, which is in London and will be focusing on action to reduce free sugar consumption. What I really want to do in my presidential year is to raise the profile of the association and the great work it does and build alliances with other organisations like the NOHPG who really are the frontline of oral health improvement.

Having discussed so many projects Jenny is involved in, I felt it was pertinent to find out where she thought dentistry would be in five years' time

I'm an optimistic person, and I hope not foolishly so! The prototype contracts commence in October, and there are real opportunities to improve oral health at the service delivery end and strategically behind the scenes. I certainly don't underestimate the magnitude of change required to move dentistry from a service focused on treatment to prevention. There are big challenges there but as I have said throughout these also provide opportunities too. This year we are developing CBOH focussed on the needs of vulnerable adults and the programmes that evidence tells us can improve their oral health. In everything we do it is vital to engage with colleagues and a wide range of stakeholders, to use evidence to support the delivery of programmes designed to bring about the changes we all hope and wish for.