Oral Health

and PSHE Education

Professionals' Pack

2024

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TABLE OF CONTENTS

INTRODUCTION

This pack aims to support education providers to deliver quality PSHE education around oral health. This will be achieved through:

- Identifying the curriculum links within the PSHE Association's Spiral Curriculum and the Department for Education's statutory guidance
- Developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Education providers can help raise awareness of oral health by increasing knowledge around good oral hygiene and preventing tooth decay.

SAFE LEARNING ENVIRONMENT

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently. We have created a guidance document to support professionals to create this safe in their own setting.

No. 01 — Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.

No. 02 — Collaborate with DSL

Check with your DSL whether any group members (including members of school as well as children and young people) have been affected by any of the issues that might be raised in the session.

No. 03 — Staff Confidence

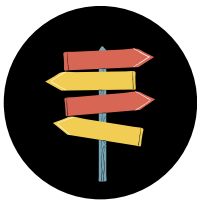
Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone.

No. 04 — Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....

No. 05 — Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 — Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future. This includes showing images of tooth decay or tooth loss.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.
The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain here.

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices".

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Knowledge, Skills and Values

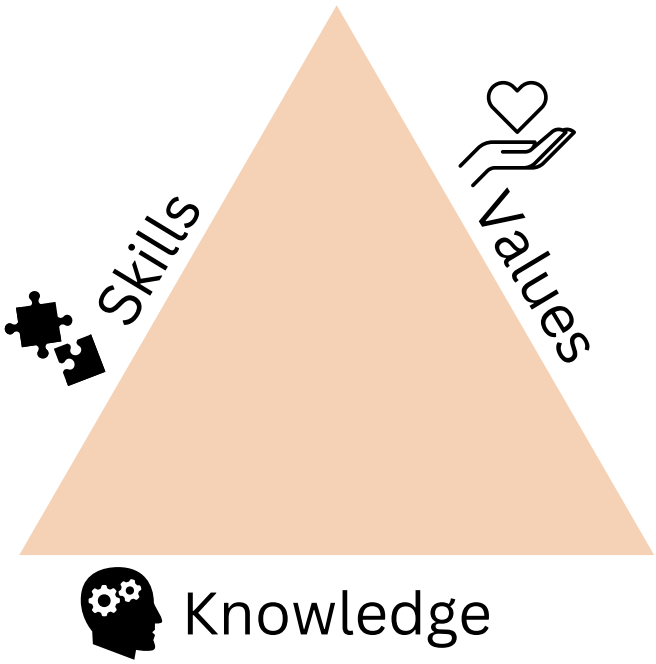
Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to carry a knife. They will need to recall learning from PSHE education at that moment to help them make a decision. It also is about increasing their ability to be able make healthy decisions.

They will, of course, require knowledge e.g., being aware that you should brush your teeth twice a day does not equip you with the skills on how this should be carried out. Defining what the "perfect" smile is does not enable you to explore what this value comes from or what that might mean for some people who may go on to seek cosmetic treatment abroad.

To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic
Skills: gaining new skills on a topic
Values: reflecting on, and potentially altering, your own values in relation to a topic



LINKS TO PSHE CURRICULUM

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Oral Health.

Primary

PSHE Association:

Key Stage One

H2.	About foods that support good health and the risks of eating too much sugar
H7.	About dental care and visiting the dentist; how to brush teeth correctly; food and drink that support dental health
H10.	About the people who help us to stay physically healthy
H26.	About growing and changing from young to old and how people's needs change

Key Stage Two

H4.	How to recognise that habits can have both positive and negative effects on a healthy lifestyle
H6.	About what constitutes a healthy diet; how to plan healthy meals; benefits to health and wellbeing of eating nutritionally rich foods; risks associated with not eating a healthy diet including obesity and tooth decay
H11.	How to maintain good oral hygiene (including correct brushing and flossing); why regular visits to the dentist are essential; the impact of lifestyle choices on dental care (e.g. sugar consumption/acidic drinks such as fruit juices, smoothies and fruit teas; the effects of smoking)
H32.	About how hygiene routines change during the time of puberty, the importance of keeping clean and how to maintain personal hygiene

DfE Statutory Guidance:

By the end of Primary pupils will know:

HE3.	The characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).
HP4.	About dental health and the benefits of good oral hygiene and dental flossing, including regular check-ups at the dentist.

Secondary

PSHE Association:

Key Stage Three

H19.	The importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.
H20.	strategies for maintaining personal hygiene, including oral health, and prevention of infection
H21.	How to access health services when appropriate
H26.	Information about alcohol, nicotine and other legal and illegal substances, including the short-term and long-term health risks associated with their use

Key Stage Four

H14.	About the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help
H16.	How to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination
H21.	To identify, manage and seek help for unhealthy behaviours, habits and addictions including smoking cessation

Key Stage Five

H10.	How to register with and access health services in new locations

DfE Statutory Guidance:

By the end of Secondary pupils will know:

P2.	The characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio- vascular ill-health.
HE1.	The characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio- vascular ill-health.
HP2.	About dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and regular check-ups at the dentist.

NYA Youth Work Curriculum:

HW1.	Promoting the positive physical, social, emotional and mental health of young people
HW4.	Making appropriate support and services accessible when necessary
SD1.	Offering opportunites for young people to learn specific skills

USEFUL RESOURCES

Please check all resources are suitable for your settings and children.

Books:

KS1 - Fang and the Dentist
KS1 - Dinosaur Douglas and the Beastly Bugs
KS1 - We're Going to the Dentist: Going for a Check-Up
KS1 - Alan's Big Scary Teeth
KS1-2 Brian the Barracuda - helping kids to brush their teeth
KS1-2 Suzie Goes to the Dentist
KS2 - Wibbly Wobbly Tooth
KS2 - Open Wide... What's Inside

Key Stage One:

Oral Health Foundation - Dental Buddy
E-Bug - Oral Health
Public Health England - Keeping Our Teeth Healthy (Science Lesson)
Public Health England - Food Detectives
Public Health England - Eatwell Guide

Key Stage Two:

Oral Health Foundation - Dental Buddy
E-Bug - Oral Health
Public Health England - Keeping Our Teeth Healthy (Science Lesson)
Public Health England - Food Detectives
Public Health England - Eatwell Guide

Videos:

British Society of Paediatric Dentistry

Parents/Carers:

Brush DJ - Free toothbrush timer app that plays two minutes of music from the users device
Public Health England - Sugar Smart Parents Pack (Primary)

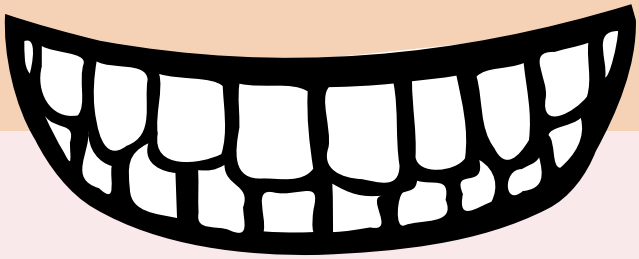
Training:

Education Health England - Children's Oral Health Advice for All

Whole School Approach:

Public Health England - Healthy Eating Checklist (whole school approach)

DEVELOPING SUBJECT KNOWLEDGE



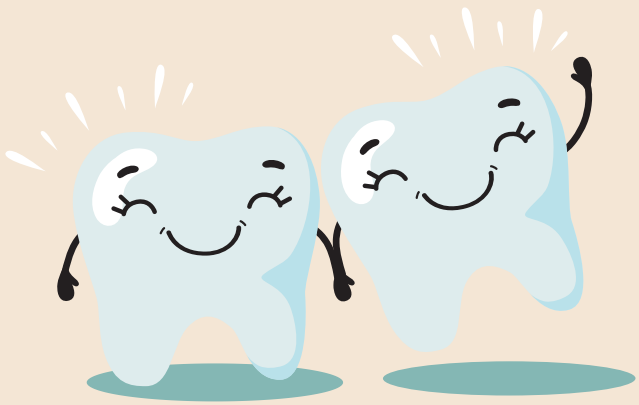
ORAL HEALTH

ORAL HEALTH

Why is it important?

It is well recognised that oral health is an important part of general health and well-being. Whilst there have been significant improvements in the oral health of children and young people in England, significant inequalities remain.
Tooth decay is the most common reason why 5-9 years old are admitted to hospital, sometimes for the removal of multiple teeth under general anaesthetic. Tooth decay is almost entirely preventable.

Tooth decay and poor oral health in childhood can have significant consequences in later life.



TEETH

Humans have three main types of teeth:

- **Incisors**

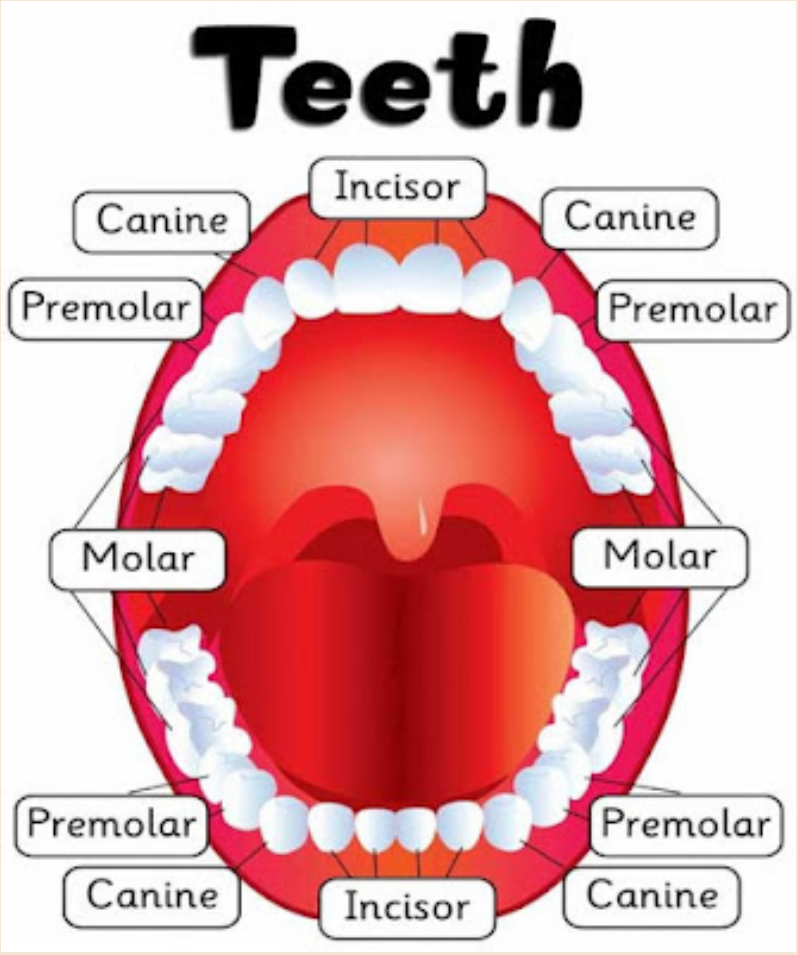
Incisors help you bite off and chew pieces of food.

- **Canines**

These teeth are used for tearing and ripping food.

- **Molars**

These help you crush and grind food.



A tooth is made up of two parts. The crown is the top part of the tooth that is visible in the mouth. The root extends into the bone of the jaw, anchoring the tooth in position.

The tooth also consists of:

- enamel - the hard outer coating
- dentine - a softer material that supports the enamel and forms most of the tooth
- cementum - a hard material that coats the root's surface
- dental pulp - the soft tissue at the centre of the tooth

Primary Teeth - The first set of teeth that develop, these are often known as baby teeth. The primary teeth shed to enable the permanent (adult) teeth to come through.

If a person has tooth decay in their baby teeth they are more likely to have decay in their permanent ones.

Timing of Teeth:

Age	**Teeth coming through in the mouth**
6-30 months	Primary (baby) teeth
6-13 years	Most permanent (adult teeth)
17 years+	Wisdom teeth

TOOTH DECAY AND EROSION

Tooth decay is the most common oral disease affecting children and young people in England, yet is largely preventable.

The causes of tooth decay:

1. Frequent consumption of sugary foods and drinks. Bacteria in the mouth breaks it down.
2. The bacteria produces acid
3. This acid softens the tooth surface (each acid attack lasts anything form 20 minutes up to 2 hours)
4. Over time, this causes a hole in the tooth, known as tooth decay.

Tooth decay and poor oral health in childhood can lead to:

- Pain
- Infection
- Time off school (work for parents/carers)
- Altered sleep and eating patterns
- Need for teeth to be removed
- Commitment to long-term dentistry
- Low self-esteem and bullying

Tooth erosion is caused by acid wearing the teeth away and can result in teeth becoming sensitive and looking different.

TOOTHBRUSHING

Toothbrushing helps prevent tooth decay and gum disease.
Toothbrushing should begin once the first baby tooth comes through.
Some children who are on the autistic spectrum may have challenges with toothbrushing due to sensory issues, parents/carers should speak to the school nurse or dentist who can provide support around this.

Teeth should be brushed at least twice a day, once at bedtime and at another occasion for approximately two minutes.

Children should be encouraged to spit out the toothpaste and NOT to rinse their month with water. This allows the fluoride in the toothpaste to stay on the teeth for longer.
An adult should help or supervise children with toothbrushing until at least the age of 7.

It is important that the toothpaste contains fluoride - this prevents tooth decay. Don't use mouthwash at the same time as brushing. Use it at an alternative time, because it washes away the fluoride in the toothpaste

A smear of toothpaste should be used for 0-2 years old and a pea-sized amount for 3 + years.

A toothbrush with a small size head and medium texture bristles helps makes toothbrushing more effective.
Brush in a small circle movement on top, behind and in front of teeth. Don’t forget to brush the gums too. This should take about 2 minutes.

Teeth should not be brushed after vomiting, reflux or eating or drinking acidic food or drinks - the teeth become soft and toothbrushing can cause teeth to wear away more quickly.

FLUORIDE

Fluoride is a naturally occurring mineral found in water in varying amounts, depending on where in the UK you live. Most water supplies contain some fluoride and in the early 20th century, levels of tooth decay were found to be associated with fluoride levels in drinking water. Since that time fluoride has become more widely available, most notably in toothpaste and is acknowledge as having improved oral health in the UK.

The NHS states that brushing teeth with fluoride toothpaste is one of the most effective ways of preventing tooth decay, A range of toothpastes are available containing different levels of fluoride. The amount of fluoride in the toothpaste can be found on the side of the tube and is measured in parts per million (ppm). A dentist may advise to use a higher strength toothpaste if someone is at particular risk of tooth decay.

Age Group	**Concentration measured in parts per million fluoride (ppm F)**
0-2 years	A smear of toothpaste containing **at least** 1,000 parts per million fluoride
3-6 years	A pea-sized amount of toothpaste containing more than 1,000 parts per million fluoride. 1450 is recommended for maximum benefit for those more at risk. This is known as family strength
7+ and adults	1,350 to 1,500 parts per million fluoride

Fluoride is most effective when retained in the mouth, this is why the advice is spit, don't rinse. Fluoride is retained for approximately 1-2 hours after brushing in the daytime and up to 10 hours at bedtime.

DIET

Diet can have a significant impact on tooth decay. The Eatwell Guide shows how much of what we eat should come from eat food group to achieve a healthy, balanced diet.

Simple changes that have meaningful impact:

- Reducing the number of times sugary drinks (limit of no more than one per day) and food are consumed, especially not within 1 hour of bedtime
- Limiting sugary foods to main meals
- Drink only plain milk and/or water

It is important that children and young people are taught about making healthier choices and also have healthy options available at school.

An acidic diet (and certain medicines) can cause tooth erosion from extrinsic acids (acid from the outside environment).
Vomiting and reflux can cause tooth erosion from intrinsic acids (acid from inside) - this is particularly important to consider when facilitating sessions around eating disorders and potential consequences on the body.

The government recommends that sugar (that is added to food) should not make up more than 5% of calories from food and drink per day.

- Children aged 4-6 years - 19g (5 sugar cubes)
- Children aged 7-10 - 24g (6 sugar cubes)
- Adults - 30g (approx. 7 sugar cubes)

Young children are exceeding the recommended level of sugar consumption:
The National Diet and Nutrition Survey (2016) highlighted:

- Children aged 4-10 years drank on average 100ml of sugary drink a day
- Sugar made up 13% of children's total daily calorie intake
- Teenagers consume three times the official recommendation (15%)

SUGAR

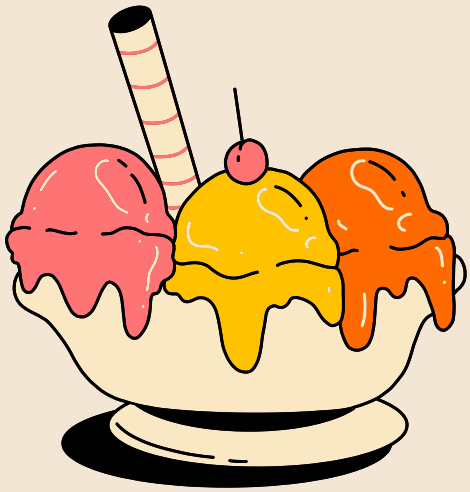
The type of sugar that most adults, children and young people eat too much of is "free sugar". These are:

- Any sugar added to food or drink, including sugars in biscuits, chocolate, flavoured yoghurts, breakfast cereals and fizzy drinks.
- Sugar in honey, syrup (e.g. maple, agave and golden), nectars (e.g. blossom), unsweetened fruit juices, vegetable juices and smoothies. Whilst these sugars occur naturally in the food they are still classed as free sugars.

Sugar found in fruit, vegetables and milk does not count as free sugars.

A can of cola can have as much as 9 cubes of sugar, exceeding the recommended daily limit for an adult.

A muffin contains approximately 5 cubes of sugar.



A bowl of ice cream has roughly 8 cubes of sugar.

The Change4Life Food Scanner app scans bar codes to let the public see what amount of sugar, saturated fat and salt is in everyday food and drink.
This has been very popular with the public and you may wish to signpost parents /carers to this resource.

OTHER HABITS THAT AFFECT ORAL HEALTH

Thumb or Finger Sucking:

The British Orthadontic Society advise that A sucking habit after the age of seven years can permanently cause a change in the position of permanent (adult) teeth.

Smoking:
Smoked tobacco in the form of cigarettes, pipes and cigars, together with all other forms of tobacco, present a major risk to oral health.

Smoking can lead to tooth staining, gum disease, tooth loss and mouth cancer.

The nicotine and tar found in tobacco can make teeth yellow in a very short space of time. Some heavy smokers report having teeth that are almost brown after years of smoking.

Everyone produces bacterial dental plaque. People who smoke are likely to produce more bacterial plaque, which leads to gum disease. The gums are affected as smoking causes a lack of oxygen in the bloodstream, meaning infected gums do not heal. Smoking causes people to have more dental plaque and causes gum disease to get worse faster than non-smokers. Gum disease is the most common cause of tooth loss in adults.

Smoking can cause lung and throat cancer, and is the main cause of mouth cancer.

Evidence is limited on the impact of vaping on oral health.

OVERSEAS TREATMENT

Some people consider seeking dental treatment abroad for a number of reasons. There are some considerations that should be taken into account.

Complications:
Many people who seek treatment abroad want more advance (higher cost) procedures which are more likely to result in complications than other treatment. Regardless how skilled a clinician is, there is always a risk of treatment failure. If complications arise once at home, it is not always easy to return to the clinic who provided the treatment, especially if there is an infection. Travel insurance may not cover the travel costs involved in returning to the clinic, especially if being accompanied by a partner or friend.

Fine-tuning:
Some procedures e.g. crowns, bridges, veneers and implants are not easily carried out rapidly. Time and expertise are essential to achieve a good outcome. This could be the perfect bite, which would require the patient to have repeat visits and adjustments. This might not be possible if the dentist is abroad.

Language Barriers:
Communication is an essential part of clinical care. ~The patient needs to explain their wants and needs and a clinician needs to be able to explain the treatment being provided and recommendations for post-treatment care. This can be more challenging if the patient and clinician do not speak the same language.

Varying Standards and Approaches:
Each country has it's own concepts around aesthetic beauty, consider the American very white, very even teeth compared with the British more natural smile. They are also varying clinical standards and approaches. In the UK dentists are more likely to try and save a tooth, in other countries there may be a preference to extract. Infection control standards can also differ, and some countries have a higher incident of infectious diseases.

Where invasive treatments (crowns and veneers) are carried out, too much of the tooth may be removed, this can cause pain and the death of the nerve inside the tooth, requiring expensive remedial work.

Cost Assumptions:
There is a perception that private dentistry is not affordable. Some practices will create payment plans to help spread the cost.

Before seeking dental treatment abroad it is important that research is carried out and the person is familiar with the processes in the county they are seeking treatment in. It is also advisable to speak with a dentist in the UK too.

KNOCKED OUT TEETH

The knocking out of adult teeth is one of the most serious injuries that can happen to teeth. It accounts for 0.5-3% of tooth injuries for permanent teeth.

Those who play contact sports are at a higher risk of knocking a tooth out, because of the increased risk of high impact collisions - wearing a custom-made mouth guard can help protect teeth from injuries in contact sports.

The outcome can vary depending on whether prompt and correct emergency action is taken.

Primary Teeth:
Never put a primary tooth back in its place if it has been knocked out.

Permanent Teeth:
If the tooth is dirty, wash it briefly (maximum 10 seconds) under cold running water and reposition it back into the mouth. If this is not possible place in milk or saline. Seek dental treatment immediately.
If the knocked out tooth is soiled and it is not certain when the person's last tetanus was, they may require a booster.
Anti-biotics may also be prescribed

DENTISTS

A child should first be taken to the dentist either when their first tooth comes through or by the age of one. This enables them to become familiar with the experience of going to the dentist and for the dentist to check teeth early and provide any advice.

It is free to have a check-up at the dentist if you are:

- aged under 18 years old (19 if in full-time education),
- pregnant or have had a baby in the previous 12 months
- being treated in an NHS hospital and treatment is carried out by the hospital dentist (there are exceptions like dentures and bridges)
- receiving low income benefits or are under 20 and a dependant receiving low income benefits

There is no need to register with a dentist in the same way as with a GP because patient's are not bound to a catchment area.

To find an NHS dentist, visit the NHS website and enter the relevant postcode. This will bring a list of local dentists and provide information if they are taking on new patients for their practice.

Dental surgeries will not always have the capacity to take on new NHS patients. There may be occasions where someone has to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

Once someone has found a dental surgery, they may need to complete a registration form as part of their first visit, which is just to add details to the patient database. It is important to note that this does not mean they have guaranteed access to an NHS dental appointment in the future.

If someone has problems accessing a dentist as an NHS patient they need to call NHS England's Customer Contact Centre on 0300 311 2233.

Healthwatch may be able to provide information about services in the local area or listen to concerns if you have one.

DENTAL EMERGENCIES

It is important that children and young people are aware of the correct healthcare services to access and when to access them.

A dentist appointment should be pre-planned, however there may be times when when someone thinks they need urgent care.

In the first instance the person should contact their usual dentist, some surgeries offer emergency dental slots and will provide care if clinically necessary.

NHS 111 can also put someone in contact with an urgent dental service.

GPs are unable to offer urgent or emergency dental care.

People should only visit A & E in serious circumstances:

- Severe pain
- Heavy bleeding
- Injuries to the face, mouth or teeth

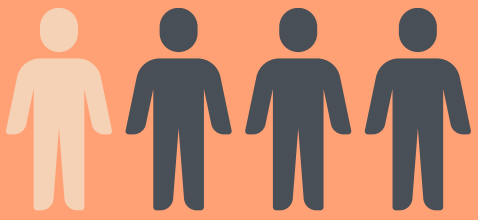
If someone is unsure whether to attend A & E they should first contact NHS111 who will be able to advise.

An urgent dental treatment will be charged at Band 1 (£26.80, 1st April 2024), unless the person receives free NHS dental treatment. If the person has to return for further treatment this is considered a separate course of non-urgent treatment - for those who do not receive free NHS dental care the following charges will apply:

Band One	Band Two	Band Three
£26.80	£73.50	£319.10
Covers an examination (inc. x-ray), scale and polish and preventative care	Plus fillings, root canal, teeth removal	Plus crowns, dentures, bridges and other laboratory work

NATIONAL STATISTICS

The Office for Health Improvements and Disparity states that nationally:



In 2019, almost a quarter (23%) of 5 year olds had tooth decay, with an average of 3 or 4 teeth affected.

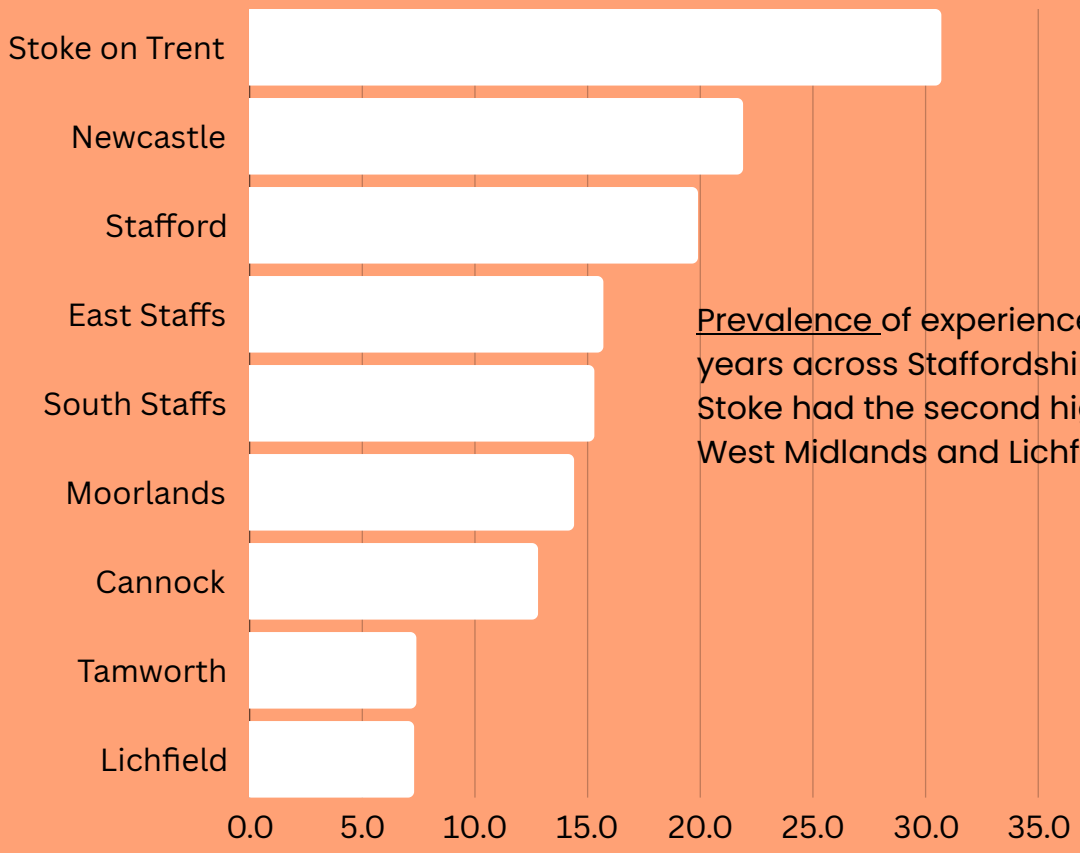
In 2018-2019 £41.5 million was spent on removing teeth in those aged under 18 years.

School days (on average) are missed per year due to dental problems

A national survey is carried out every ten years. The last survey 2013, stated that nearly half (46%) of 15 years old and a third (34%) of 12 years old had obvious tooth decay experience. This was a reduction from the previous survey in 2003 where the comparable results were 56% and 43% respectively.

In 2013 35% of 12 years old and 28% of 15 years old reported being embarrassed to smile or laugh due to the condition of their teeth

THE LOCAL PICTURE



Prevalence of experience in dental decay in 5 years across Staffordshire.
Stoke had the second highest prevalence in the West Midlands and Lichfield the lowest.

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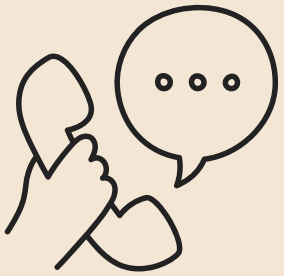
Useful Contacts:



If you would like more information or support about oral health please contact:

Families Health and Wellbeing Service (0-19)
Staffordshire - 0808 178 0611
Stoke - 0300 404 2993

If a referral to Children's Social Care is required, please contact:
Staffordshire:
Staffordshire Children's Advice Service - 0300 111 8007
Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm
Out of Hours - 0345 604 2886 / 07815 492613

Stoke:
CHAD - 01782 235 100
Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm
Out of Hours - 01782 234 234

Further Reading:

- Oral health Survey of 5 year old children
- Children’s Oral Health: healthcare e-learning
- Health matters: child dental health
- PACEY's Oral Health
- Children's Dental Health Survey 2013 (England)

VERSION CONTROL

Date	Changes	Made by
April 2023	Pack first published	Ellie Chesterton Natalie McGrath
April 2024	Logo added to front page Pricing changed for dental treatment	Natalie McGrath

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SASCAL
STRONGER TOGETHER

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With thanks to our Partners

STAFFORDSHIRE COMMISSIONER
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NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust