

**Report of Director of Public Health**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 19<sup>th</sup> April 2016**

**Subject: Update on the Children and Young People’s Oral Health Promotion Plan 2015-19**

Are specific electoral wards affected? If relevant, name(s) of ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

1. The Leeds Children and Young People Oral Health Promotion Plan (Appendix A: Plan on a Page) was previously discussed by the Scrutiny Board (Adult Social Services, Public Health, NHS) in July 2015, and it was requested that an update should be brought back to Scrutiny in April 2016.
2. The Plan was approved by the Health and Wellbeing Board in September 2015. The Plan was based on a detailed needs assessment and extensive consultation work with children and families in Leeds. The Plan outlines a preventative programme from 0-19, which aims to ensure that every child in the city has good oral health.
3. Further work has subsequently been undertaken by the CYP Oral Health Promotion Strategy Group to develop an Implementation Plan (Appendix B: Implementation Plan 2015-17). This update report describes the key elements of the Implementation Plan, and ongoing work to take forward the actions.

**Recommendations**

4. Scrutiny is asked to consider the content of the Implementation Plan and note the progress to take forward actions.

## **1 Purpose of this report**

- 1.1 The purpose of the report is to update Scrutiny regarding the development of an Implementation Plan to support the CYP Oral Health Promotion Plan and to describe progress to date with taking forward the actions.

## **2 Background information**

- 2.1 Good oral health in childhood can prevent tooth decay, tooth loss, tooth erosion and gum disease, oral infection and sores. Dental caries causes children and young people pain and it affects how they can speak, chew nutritional food, and socialise normally. Dental caries cause children and young people to be absent from school due to the pain they are experiencing.
- 2.2 In October 2014, Public Health undertook a citywide Oral Health Promotion Health Needs Assessment. This confirmed that the prevalence and severity of dental decay for children in Leeds is worse than the average for England. At age 5, a third of Leeds children (34%) have dental decay, and for these children, on average 3.5 teeth are affected. Since children at age 5 have approximately 20 teeth, this means that around a fifth of their teeth are affected. At age 12, nearly half (46%) of Leeds children have decay in their permanent teeth, with on average two of their teeth affected. Inequalities in the distribution of tooth decay in children and young people is strongly associated with deprivation. The four wards with the highest mean dmft all have indices of multiple deprivation rankings in the top 20% of the city (Gipton & Harehills, Beeston & Holbeck, Middleton Park and Armley).
- 2.2 The needs assessment included a review of the research base and national policy and guidance, to assess the most effective ways to improve the oral health of children and young people. The evidence base is extensive. Key themes include: developing the children and young people's workforce to be an oral health promoting workforce; increasing exposure to fluoride through tooth brushing and fluoride varnishes; promoting a healthy diet; and improving attendance for preventive dental services.
- 2.3 Extensive engagement was undertaken by Public Health to underpin development of the local Plan. The engagement included parents, carers, children and young people. It took place in a variety of settings with different styles to ensure voices from different parts of the diverse city of Leeds were heard. Key themes that emerged from the engagement included: lack of knowledge around the main oral hygiene messages; difficulties for parents/carers in knowing how to clean their children's teeth; too much easy availability of sweetened drinks and foods; and barriers to accessing the dentist.
- 2.4 In response to this wealth of information, the Leeds CYP Oral Health Promotion Plan on a Page was produced by a CYP Oral Health Promotion Strategy Group, chaired by Public Health, and including a range of both specialist and wider children's service partners from the public, academic and third sectors. The Plan was subject to wide consultation between April to June 2015, and was discussed by the Health Scrutiny Committee in July 2015. Following this, the draft Plan was sent to School Governors and Cluster Leads and all head teachers, as suggested by Scrutiny Committee (Youth Council has already been consulted).

- 2.5 The Plan was endorsed by the Leeds Health and Wellbeing Board in September 2015. The Plan has four overall outcomes:
- (i) Children and young people, parents and carers are supported to care for oral health through the promotion of oral health messages and environments that are healthy to children's teeth.
  - (ii) Children and young people's intake of sugar is reduced.
  - (iii) Every child's teeth are exposed to adequate amounts of fluoride.
  - (iv) Children and young people access preventative services from their dentist.
- 2.6 Following endorsement of the Plan, the strategy group proceeded to develop a more detailed Implementation Plan for the period 2015-17. This was done through an inclusive workshop, to allow partners to consider and contribute to affordable and practical actions. The Implementation Plan is attached (Appendix B). This paper describes the progress to date in delivering the actions.

### **3 Main issues**

- 3.1 The Implementation Plan has four main sections, each relating to the outcomes listed in para 2.5 above. The section which follows describes progress for early actions (scheduled to be ongoing in this period) against each of these headings.
- 3.2 Children and young people, parents and carers are supported to care for oral health
- 3.2.1 The issue of children's oral health in the city has been effectively raised through the process of developing the needs assessment, undertaking engagement, and publishing the Plan. Partners across all sectors are now sighted on this issue eg Children's Centres, Health Visiting, School Nursing, Health and Wellbeing Team – both as a result of the engagement exercise, and through their direct involvement on the strategy group. Partners on the Health and Wellbeing Board and the Scrutiny Board have held active discussions about the issue. A specific presentation and discussion was held with 3<sup>rd</sup> sector partners at Young Lives Leeds in November 2015.
- 3.2.2 The Oral Health Promotion Team (1.5 wte) offers a high quality programme of training, under its contract with LCC Public Health. Since April 2015 the team has trained 79 frontline practitioners who regularly work with children and families including colleagues from the School Nursing Service, 3<sup>rd</sup> Sector and Social Care. A new cascade model for training and distribution of oral health promotion resources to preschool and primary school staff has been developed and introduced which is increasing workforce capacity to deliver evidence based support. Preschool and primary school staff now attend a central training session and are provided with a resource box to enable them to facilitate health promotion exercises in their area. While it is early days the team are currently evaluating this new approach and considering how best to support these new Oral Health Champions going forward. Training is planned for child minders (22<sup>nd</sup> March) and private nursery staff (29<sup>th</sup> March) and further courses will be made available for the children and young people's workforce later in the year.

3.2.3 The 40<sup>th</sup> National Smile Month (16<sup>th</sup> May-16<sup>th</sup> June 2016) is being widely promoted by the Oral Health Promotion Team. Activities include recruiting 40 companies to identify 40 employees to attend a short training event so that they can share good oral health messages with their family and friends and participate in a media opportunity where they hold up the 'National Smiles Smiley' to raise awareness of oral health issues. The team will be supporting Children's Centres, Primary Schools and Nurseries by offering resource boxes, posters and smileys to enable them to set up their own national smile month promotional stands. The team will be setting up promotional stalls in supermarkets, LTHT waiting areas and at White Rose Shopping Centre to raise awareness and to help spread good oral health messages with members of the public.

3.2.4 The Leedssmiles website has been established as a resource for the early years workforce, and parents and carers, to promote oral health to the under 5 age group: <http://leedssmiles.co.uk/>

The website includes a video illustrating how to brush teeth, a fun game to help young children practise brushing their teeth, and a 2 minute timer song which has been particularly popular. It also includes Top 10 Tooth Tips and further resources for parents and professionals, including posters and leaflets.

3.2.5 Over the summer Leeds Dental Institute and LCC Public Health will work together to review existing oral health promotion materials and shape the development of new teaching and promotional resources for targeted use .

3.2.6 During the summer term the Health and Wellbeing Team within Children's Services will explore the development of an oral health promotion resource to support schools who identify oral health as a priority through the My Health, My School Survey. Results of the survey shows that only three quarters of children and young people brush their teeth twice daily.

### 3.3 Young people's intake of sugar is reduced

3.3.1 LCC Public Health is working actively to deliver the national Change for Life 'Sugar Campaign' to promote increased awareness among children and families of the recent World Health Organisation recommendation to reduce sugar intake to less than 5% of an individual's energy intake. For children aged 11 this means reducing their sugar intake to around 7 teaspoons per day, rather than the 21 teaspoons of free sugar, that on average, children of this age group consume daily. Work is ongoing to inform frontline practitioners of the new recommendations and ways they can support families to achieve them including via local newsletters and a practitioner forum which is planned for May. The Leeds Lets Change website has been updated and now includes the new 'Sugar Smart' messages and features the 'Sugar swaps' campaign. Partners are uploading photographs of the sugar swaps children and families are making. 3,000 family packs and 150 posters advertising the Sugar smart phone app have also been distributed via Schools and Leisure centres. A food audit is being undertaken to inform the development of Leeds Food Strategy. It is anticipated that this will include a broad set of actions as part of a wider systems approach to promote healthy eating.

- 3.3.2 Work with schools is being progressed by the Health and Wellbeing Team. This includes the development of a new packed lunch policy toolkit, which was launched in November and has been purchased by 55 schools to date. Work will continue during the summer term when the new sugar recommendations will be embedded into an updated "Break Time Snacks Policy" for schools, and the team will work with 'Catering Leeds' to identify opportunities to reduce the sugar content of meals provided in schools.
- 3.3.3 The Henry Programme (Health, Exercise and Nutrition for the Really Young), is a parenting programme which uses a strengths and solutions focused approach to enable staff to support families to raise their children to be a healthy weight . Over 1200 practitioners have now been trained in the approach and are using this in their day to day work with families and to improve the food, exercise and information offered within Leeds Children Centres. In addition 94 families completed a 6 session structured HENRY programme during 2014. 89 private nursery staff and child-minders completed the Henry: Healthy Start in child care course of which 80% said following the course they planned to ensure balanced meals and age appropriate portions would be offered.
- 3.3.4 A needs assessment into maternal and child nutrition is being undertaken by LCC Public Health, and should shortly be complete. This will help to inform future programmes as part of the city's Best Start priority. Alongside this, there is an extensive programme of work to promote breastfeeding in the city, and a new Leeds Infant Feeding Plan is expected to be in place from May 2016. Community services are working systematically towards Baby Friendly Re-accreditation, which is due in 2016. Leeds has engaged with the national Best Beginnings work to customise and promote resources, including an app and a hard copy magazine that will provide pregnant women and new mothers, with bite size age appropriate information including on diet and oral health. A large network of over 70 breastfeeding peer supporters has been established in Leeds.
- 3.4 Every child's teeth are exposed to adequate amounts of fluoride
- 3.4.1 Toothbrushing schemes are an evidence based and effective way of increasing fluoride exposure. The Leeds scheme is supported by the Oral Health Promotion Team and is currently running in 14 primary schools and 14 children centres. Data for the last quarter show it provided 5534 children with a daily supervised tooth brushing session. Although it was planned to extend these schemes by 10% in the current financial year, mid-year cuts to the Public Health grant have curtailed the availability of funding to deliver these additional schemes.
- 3.4.2 A video and teaching resource to promote tooth brushing and regular dental attendance, called 'What's the good of your teeth', has been developed by young people working with the community group Space 2. The resources will be widely disseminated for use in secondary schools and community groups over the coming months.
- 3.4.3 The application of fluoride varnish is a well evidence intervention to reduce tooth decay in children and young people. It is recommended that the varnish should be applied every 6 months for children aged 3 to 16 years, and more frequently for those at higher risk of tooth decay. The application is available via NHS dentists, but uptake is not high (around 33% in Leeds). Although it was hoped to commence

work this year around promotion of fluoride varnish uptake, both to the workforce and to parents and carers, this has not been possible owing to mid-year cuts to the Public Health grant, which have reduced capacity in LCC Public Health.

### 3.5 Children and young people access preventative services from their dentist

3.5.1 Work to promote fluoride varnish and other preventative interventions to dental practices through bulletins and newsletters, and to link with NHS England to explore barriers to access to preventative treatments from dentists, is scheduled to take place in 2017. This work will be subject to future capacity in LCC Public Health, in light of recurrent cuts being levied on the Public Health grant.

### 3.6 Monitoring and performance management

3.6.1 Progress in taking forward the Implementation Plan is being actively monitored through regular updates from lead partners to the CYP Oral Health Promotion Strategy Group. In addition, a statistical Dashboard is under development, which will present the data for the key indicators (as listed in the Plan on a Page), and will facilitate oversight of strategic performance.

## **4 Corporate considerations**

### **4.1 Consultation and engagement**

The work cited in this report references a range of consultation and engagement undertaken by services with children, young people and their families. Both NHS and Council services have structures and mechanisms in place for ongoing engagement.

### **4.2 Equality and diversity / cohesion and integration**

The paper refers to key issues around inequalities. An equality impact assessment has been undertaken in respect of the CYP Oral Health Promotion Plan and demonstrated that the needs assessment and Plan have appropriately taken inequalities into consideration

### **4.3 Council policies and best council plan**

4.3.1 Issues covered relate to key priorities in the Health and Wellbeing Strategy. CYP oral health is an aspect of Best Start which is a top commitment of the Health and Wellbeing Strategy, and is closely aligned to the Children and Young People's Plan outcome that 'children and young people enjoy healthy lifestyles.'

### **4.4 Resources and value for money**

The evidence based recommendations for actions to improve oral health are contained in National Institute for Health and Care Excellence (NICE) guidelines. The guidelines take account of cost effectiveness and value for money.

### **4.5 Legal Implications, access to information and call In**

None

#### **4.6 Risk management**

None

#### **5 Conclusions**

- 5.1 The CYP Oral Health Promotion Plan, endorsed by the Health and Wellbeing Board in September 2016, is now supported by a detailed Implementation Plan covering the period 2015-17. A broad programme of actions covering the 4 key outcomes is underway across the Council and partner agencies, which is being actively monitored by the CYP oral Health Promotion Strategy Group, led by LCC Public Health.

#### **6 Recommendations**

- 6.1 Scrutiny is asked to consider the content of the Implementation Plan and note the progress to take forward actions.

## **APPENDIX A**

### **Draft Leeds Children and Young People Oral Health Promotion Plan 2015-2019**

**Outcome:** All children and young people have good oral health

**Vision:** Every child in Leeds and their parents and carers have access to effective oral health support and advice through a well-informed workforce delivering evidence based advice and interventions. Targeted interventions support parents and carers and children and young people to reduce oral health inequalities.

**Headline Indicators:** Mean number of teeth with dental caries and restoration rates in five and twelve year olds; extraction rates.

<b>Objectives</b>	<b>Priorities</b>	<b>Indicators</b>
<b>1. Children and young people (CYP), parents and carers are supported to care for oral health.</b>	1. Support the children and young people's health promoting workforce to work effectively with parents and CYP to improve oral health behaviours 2. Provide a range of opportunities when parents and CYP will be informed about how to care for oral health 3. Support childcare settings and schools to provide environments that promote good oral health 4. Include oral health in the delivery of public health programmes and services for CYP and parents.	1. Number of staff in the wider children and young people's workforce attending evidence based oral health promotion training. 2. Number of 'Brushing for Life' packs distributed. 3. Number of children receiving a Health Visitor 7-9 month and 2 year check.
<b>2. Children and young people's intake of sugar is reduced.</b>	5. Promote awareness of the impact of sugary drinks, snacks and medicines on oral health. 6. Support the work of the 'Childhood Obesity Management Board' to promote healthy eating.	4. Breastfeeding initiation and maintenance. 5. Obesity levels in Reception and Year 6. 6. Number of CYP who report lower intakes of sugar loaded drinks and snacks.
<b>3. Every child's teeth are exposed to adequate amounts of fluoride.</b>	7. Promote toothbrushing schemes in nursery and primary schools to target inequalities. 8. Support the delivery of high quality oral health promotion in schools. 9. Increase the uptake of fluoride varnish application. 10. Raise the general awareness of water fluoridation.	7. Percentage of CYP receiving fluoride varnish application. 8. Percentage of CYP reporting good toothbrushing habits. 9. Number of schools and number of children taking part in toothbrushing schemes.
<b>4. Children and young people access preventative services from their dentist.</b>	11. Raise awareness about the importance of dental attendance. 12. Support the delivery of preventative care by dental practices.	10. Percentage of CYP attending a dentist. 11. Percentage of CYP who report attending a dentist annually.



## **APPENDIX B**

### **Leeds Children and Young People Oral Health Promotion Implementation Plan 2015-2017**

**Outcome:** All children and young people have good oral health

**Vision:** Every child in Leeds and their parents and carers have access to effective oral health support and advice through a well-informed workforce delivering evidence based advice and interventions. Targeted interventions support parents and carers and children and young people to reduce oral health inequalities.

**Headline Indicators:** Mean number of teeth with dental caries and restoration rates in five and twelve year olds; extraction rates.

## **2 year implementation plan**

<b>Objectives</b>	<b>Priorities</b>	<b>Indicators</b>	<b>Actions</b>	<b>Service and Named lead, date for review of action</b>
<b>1. Children and young people (CYP), parents and carers are supported to care for oral health.</b>	1. Support the children and young people's health promoting workforce to work effectively with parents and CYP to improve oral health behaviours	1. Number of staff in the wider children and young people's workforce attending evidence based oral health promotion training.	1. Develop an Early Start Team pathway for oral health promotion	1. HV service: Lynn Inglis. CC: Sharon House Date 2017.
	2. Provide a range of opportunities when parents and CYP will be informed about how to care for oral health	2. Number of 'Brushing for Life' packs distributed.	2. Review oral health promotion interventions and resources linked to Health Child Programme contacts	2. HV and SN service: Lynn Inglis, Dawn Lewis Date 2017
	3. Support childcare settings and schools to provide environments that promote good oral health	3. Number of children receiving a Health Visitor 7-9 month and 2 year check.	3. In partnership with Leeds Dental Institute review existing oral health materials and shape the development of new materials and teaching resources for targeted interventions	3. PH LCC. Steph Jorysz Review and Recommendations made by September 2016.
	4. Include oral health in the delivery of public health programmes and services for CYP and parents.		4. Communication within LCC and partners. Raise and maintain the profile of the Health Needs Assessment; Engagement report and Oral Health Promotion Plan	4. PH LCC. Steph Jorysz Communications ongoing. Review March 2016.

Objectives	Priorities	Indicators	Actions	Service and Named lead, date for review of action
<p><b>Objective 1. Continued.</b></p>			<p>5. Explore the development of an Oral Health Promotion resource for schools that identify oral health as a priority through 'My Health, My School'</p> <p>6. National Smile week to be widely promoted</p> <p>7. Ensure the children and young people workforce access oral health promotion training</p> <p>8. Oral Health Promotion (OHP) team to provide training to Early Start teams, school oral health promotion champions, kinship carers and other groups who support children and young people at risk of oral health inequalities.</p> <p>9. Establish 'Leedssmiles.co.uk' as the resource for the early years workforce and parents and carers to use to promote oral health to under 5 age group.</p>	<p>5. Health and Wellbeing Service, LCC. Siobhan O'Mahoney, March 2016.</p> <p>6. Oral Health Promotion team, LCHT, Kathy Fox, March 2016.</p> <p>7. Children and young people's workforce. Lynn Inglis, Sharon House and Dawn Lewis. September 2016.</p> <p>8. Oral Health Promotion team LCHT, Kathy Fox, March 2016.</p> <p>9. PH, LCC and Oral Health Promotion team. September 2016.</p>

Objectives	Priorities	Indicators	Actions	Service and Named lead, date for review of action
<p><b>2. Children and young people's intake of sugar is reduced.</b></p>	<p>5. Promote awareness of the impact of sugary drinks, snacks and medicines on oral health.</p> <p>6. Support the work of the 'Childhood Obesity Management Board' to promote healthy eating.</p>	<p>4. Breastfeeding initiation and maintenance.</p> <p>5. Obesity levels in Reception and Year 6.</p> <p>6. Number of CYP who report lower intakes of sugar loaded drinks and snacks.</p>	<p>10. Deliver Change for Life 'Sugar Campaign' to increase Children and families awareness and promote new national recommendations.</p> <p>11. Newsletter &amp; Practitioners forum for practitioners focussed on Sugar recommendations and how to support families to reduce consumption.</p> <p>12. Food Strategy for Leeds 2015.</p> <p>13. Launch and Implementation of Pack lunch policy</p> <p>14. Embed new sugar recommendations in an update of 'Break Time snacks policy' for schools.</p> <p>15. Update Health and Wellbeing training programmes to schools embed key oral health promotion messages and new sugar recommendations.</p> <p>16. Expand coverage of the HENRY programme. All Community Nursery Nurses Early Start Teams – HV) to complete the HENRY Advanced Practitioner training. Following this they will deliver the 1:1 programme with families which will include</p>	<p>10. PH, LCC. Deb Lowe January 2016.</p> <p>11. PH, LCC. Deb Lowe March 2016.</p> <p>12. PH, LCC. Emma Strachan October 2016.</p> <p>13. Health and Wellbeing service, Siobhan O'Mahoney, November 2016.</p> <p>14. Health and Wellbeing Service, Siobhan O'Mahoney, March 2016.</p> <p>15. Health and Wellbeing service, Siobhan O'Mahoney, January 2016.</p> <p>16. PH LCC, Jackie Moores, Training commencing in October 2015 and planned completion date January 2016.</p>

Objectives	Priorities	Indicators	Actions	Service and Named lead, date for review of action
<b>Objective 2 continued.</b>			<p>discussions about eating patterns, food labelling and healthy eating all of which impact on oral health. This will also increase the quantity of HENRY data available produced from the pre and post course questionnaires, about the food groups children are eating from</p> <p>17. Maternal and Child Nutrition Health Needs Assessment</p> <p>18. Breastfeeding to be promoted and supported through citywide 'Leeds Infant Feeding Plan 2016-2020'</p> <p>19. BFI accreditation of community services (to be re accredited 2016)</p> <p>20. Parents and carers to be supported to breastfeed through trained workforce, peer supporters and Best Beginnings resources.</p> <p>21. Explore with 'Catering Leeds' opportunities to reduce sugar through meals provided in schools- lead Health and Wellbeing service , Siobhan O'Mahoney, date tbc</p>	<p>17. PH, LCC. Jackie Moores expected date of completion December 2015.</p> <p>18. PH LCC, Sally Goodwin-Mills, December 2016.</p> <p>19. PH LCC, Sally Goodwin-Mills, 2016.</p> <p>20. PH LCC, Sally Goodwin-Mills, April 2016.</p> <p>21. Health and Wellbeing Service, Siobhan O'Mahoney, January 2016.</p>
<b>3. Every child's teeth are exposed to adequate amounts of fluoride.</b>	<p>7. Promote toothbrushing schemes in nursery and primary schools to target inequalities.</p> <p>8. Support the delivery of high quality oral health promotion in schools.</p>	<p>7. Percentage of CYP receiving fluoride varnish application.</p> <p>8. Percentage of CYP reporting good toothbrushing habits.</p>	<p>22. Increase numbers of children taking part in toothbrushing schemes. (10% more children involved per year) – lead OHP team, Kathy Fox, March 2016.</p> <p>23. Video and teaching resource to be developed and for secondary</p>	<p>22. Oral Health Promotion team, Kathy Fox, March 2016.</p> <p>23. PH, LCC, Steph Jorysz, March 2016</p>

Objectives	Priorities	Indicators	Actions	Service and Named lead, date for review of action
	<p>9. Increase the uptake of fluoride varnish application.</p> <p>10. Raise the general awareness of water fluoridation.</p>	<p>9. Number of schools and number of children taking part in toothbrushing schemes.</p>	<p>schools to promote toothbrushing and regular dental attendance.</p> <p>24. 'Brushing for Life' scheme, a review.</p> <p>25. Promote Fluoride Varnish application to workforce.</p> <p>26. Promote Fluoride Varnish application to parents and carers</p>	<p>24.HV service, Lynn Inglis Jan 2017</p> <p>25. PH, LCC, Steph Jorysz September 2016</p> <p>26. PH,LCC, Steph Jorysz September 2016</p>
<p><b>4. Children and young people access preventative services from their dentist.</b></p>	<p>11. Raise awareness about the importance of dental attendance.</p> <p>12. Support the delivery of preventative care by dental practices.</p>	<p>10. Percentage of CYP attending a dentist.</p> <p>11. Percentage of CYP who report attending a dentist annually.</p>	<p>27. Promote fluoride varnish and other preventative based interventions to dental practices through bulletin or newsletter</p> <p>28. Link with NHS England to explore barriers to preventative treatments and access to dental services being offered to children and young people</p>	<p>27. PH, LCC Steph Jorysz 2017.</p> <p>28. PH, LCC Steph Jorysz 2017.</p>