

**Adults and Health Overview and
Scrutiny Committee**

04 July 2019

**County Durham Oral Health Strategy
Update**

Ordinary Decision



**Report of Gill O'Neill, Deputy Director of Public Health, County
Durham**
Chris Woodcock, Public Health Strategic Manager

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report is to update Adults and Health Overview and Scrutiny Committee (OSC) on the progress being made with the County Durham oral health strategy and provide an overview of activity to date to tackle oral health inequalities across County Durham.
- 2 The report requests that OSC participate in an extended discussion on oral health for County Durham towards the end of 2019.

Executive summary

- 3 Local authorities have statutory responsibility for the promotion of good oral health and also the legislation states that Local Authorities have statutory responsibility and decision making as to the fluoridation of water.

- 4 While children's oral health has improved over the last twenty years, a quarter (25.8%) of five-year olds in County Durham still had tooth decay in 2016/17 as highlighted in the joint strategic needs assessment (see Durham Insight). This was higher than England (23.3%) and the North East (23.9%)¹
- 5 Children and Young People's OSC (September 2016) and Adults and Health OSC (October 2016) and then Cabinet (December 2017), Health and Wellbeing Board (January 2017), have all been supportive of the Oral Health Strategy. County Durham's local dental committee (LDC), paediatricians and anaesthetists are also very supportive and actively engaged in the oral health strategy group.
- 6 The oral health strategy is making good progress and is going through a refresh to have a revised strategy in place for April 2020.

Recommendation(s)

- 7 Adults and Health Overview and Scrutiny Committee is recommended to:
 - (a) Note the progress made on the oral health action plan and next steps for delivery;
 - (b) Decide whether an extended meeting to review oral health is of interest to members late 2019.

Background

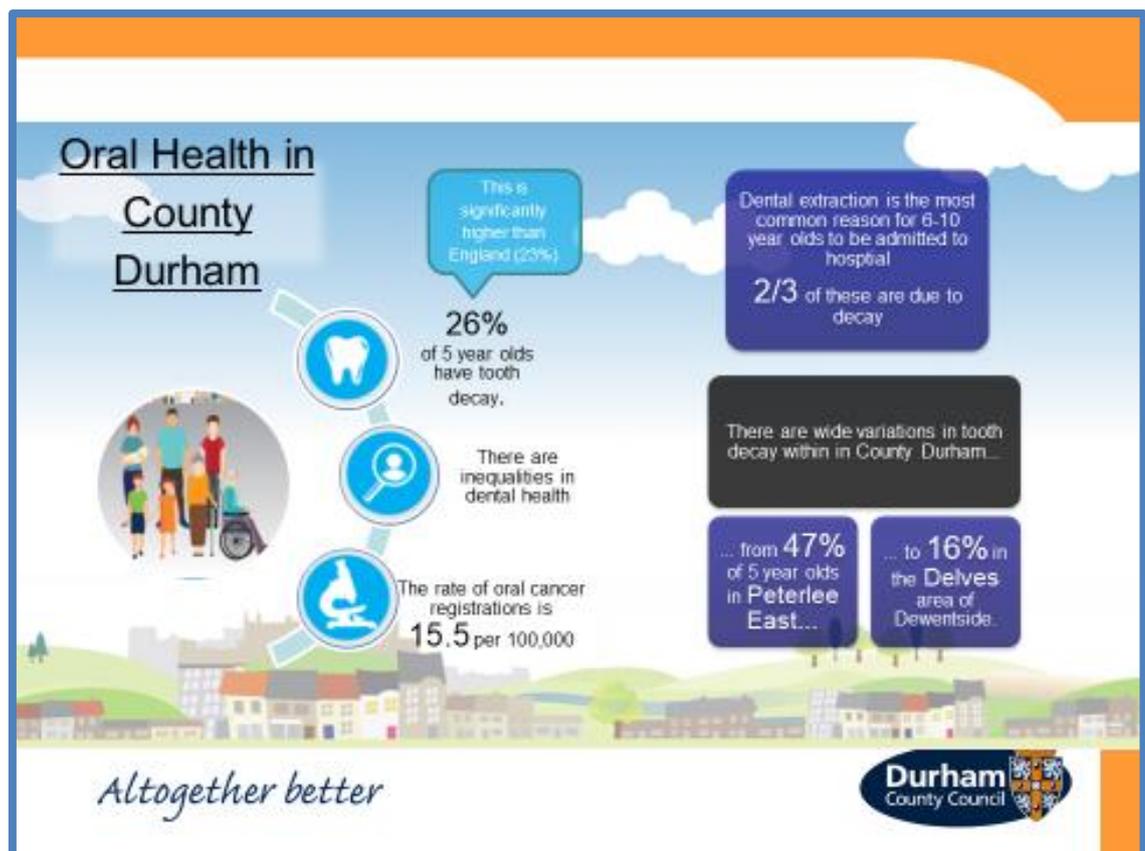
Oral health inequalities

- 8 Oral health is important for general health and wellbeing. Poor oral health can affect someone's ability to eat, speak, smile and socialise normally, for example due to pain or social embarrassment. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Tooth ache and the need for dental treatment is one of the main reasons for school absenteeism.
- 9 While children's oral health has improved over the last twenty years, a quarter (25.8%) of five year olds in County Durham still had tooth decay in 2016/17. This was higher than England (23.3%) and the North East (23.9%)².

¹ Children with one or more decayed, missing or filled teeth 2016/17, Oral Health Profile, PHE Fingertips

² Children with one or more decayed, missing or filled teeth 2016/17, Oral Health Profile, PHE Fingertips

- 10 The public health strategic plan for County Durham has a focus on the best start in life with the aim of improving healthy life expectancy. Reducing oral health inequalities is a priority as identified in the Joint Strategic Needs Assessment.
- 11 Data from the 2012 large scale dental survey of five year old children's oral health in County Durham showed wide variations in dental disease experience between different electoral divisions, from 61% of children having had decay experience in Woodhouse Close (Bishop Auckland) to just 6% in Chester-Le-Street South. This highlighted a need to narrow the gap in oral health inequalities. When comparing geographies for similar levels of deprivation as Woodhouse Close, Craghead & South Moor, and Stanley (both in the Derwentside area which receives fluoridated water) have 37% of children with decayed, missing or filled teeth.
- 12 The 2017 survey again highlighted wide variations in dental decay at electoral ward level within County Durham, from 47% in Peterlee East to 7% in Seaham.



Oral Health Strategy Update

- 13 Following public and stakeholder consultation the County Durham Oral Health Strategy went to the Health and Wellbeing Board on the 31st January 2017 and Cabinet on 15th March 2017 for approval. The oral

health strategy group, which meets once a quarter to review progress, is led by public health and includes the chair of the local dental committee, a consultant paediatrician, public health dental consultant, early years, children's early help and commissioning. Below is a summary of progress to date against the action plan.

Table 1: Update against oral health action plan

Setting	Update against key milestones/objectives
Early years settings	<p>Dental practices and health visitors have been aligned to each early years setting and family centre to provide proactive support on oral health and visiting the dentist</p> <p>50 multi-disciplinary practitioners have undergone oral health 'train the trainer' to become oral health champions and cascade the training</p> <p>All early years settings in top 20% most deprived communities have received training on oral health promotion and are rolling out a tooth brushing scheme</p> <p>Families identified through home environment assessment tool (HEAT) as not having access to tooth brushes and tooth paste are now provided with a child's tooth brush, timer and tooth paste and taught how to routinely brush the children's teeth</p>
Primary Schools	<p>Sugar Smart campaign promoted to schools in autumn term 2018/19.</p> <p>Development of schools health and wellbeing framework will include promotion of oral health</p> <p>Work on holiday hunger through the child poverty sub group recommends adherence to school food standards which provides low sugar options</p>
Special schools	<p>Oral health promotion team provide training to schools, parents and class room delivery including dedicated work during national smile week</p>
Workplace and community settings	<p>DCC vending: 90% soft drinks less than 5g added sugar and 80% confectionary and sweets 250 calories and below</p> <p>Breastfeeding friendly venues – Dalton Park working on this in every shop</p> <p>Healthy living pharmacies have oral health as one of their 5 local priorities to promote</p> <p>Healthy eating and oral health part of Better Health at Work award</p>

<p>Vulnerable groups</p>	<p>Implementation of denture labelling in care homes. Pilot in Darlington proven cost effective at £70 per care home. Requires consideration in County Durham</p> <p>98 care homes have received oral health promotion support</p> <p>A dental neglect conference was held in May 2019 to highlight the safeguarding concerns regarding dental decay. A well-attended multi-disciplinary group of professionals attended to consider ways to raise the profile of dental neglect and importantly what to do about it.</p>
<p>Explore feasibility of water fluoridation scheme in County Durham</p>	<p>In December 2017 Cabinet and Health and Wellbeing Board received an update paper providing the initial findings from the desk top study undertaken by Northumbrian Water. Within this report it was highlighted that County Durham could not progress to a more in-depth technical appraisal without joint working with Sunderland and South Tyneside Local Authorities. With approval from Cabinet the two affected local authorities were approached and agreed to work with County Durham.</p> <p>In May 2018 a detailed technical appraisal was commissioned by Durham County Council with Sunderland LA and South Tyneside LA to determine how plausible, from an operational and cost effectiveness perspective, a community water fluoridation scheme would be. NHS England contributed to the costs of this study.</p> <p>Earlier in 2019 the draft technical report was shared by Northumbrian Water for consideration by the oral health strategy group. A report is being developed for cabinet (see appendix two for the due process to be adhered to for the expansion of a community water fluoridation scheme)</p>

Next Steps for Oral Health Strategy 2019/20

- 14 The oral health strategy working group are reviewing all outstanding actions and auditing activity to refresh the plan for April 2020.
- 15 The sustainability of the early years tooth brushing scheme requires consideration if County Durham would wish to expand into early years settings in the top 30% most deprived communities. The evidence recommends tooth brushing schemes in primary schools so there is work on going to scope the scheme progressing into key stage one.
- 16 The proactive call to action for increasing breastfeeding will have an impact on the oral health of children so the two areas of work are being considered collectively.

- 17 The development and subsequent roll out of the schools Health and Wellbeing framework is a priority for 2019/20 and oral health is a core component.
- 18 The Better Health at Work award is the mechanism to promote the sugar smart message to workplaces as well as make contact with parents about the importance of regular dental visits.
- 19 The care home denture labelling programme is cost effective and would align well with caring for some of the most vulnerable older people in County Durham. This programme would reduce the need for dental appointments for older residents with dementia who require dentures being re-fitted when misplaced.
- 20 As part of the evidence based oral health strategy to reduce inequalities, County Durham has received the Northumbrian Water draft technical appraisal to determine whether it is possible, from an operational and cost efficiency perspective, to extend County Durham's community water fluoridation scheme. Officers are in the process of compiling a report for Cabinet.

Main Implications

- 21 The County Durham oral health action plan is making good progress against objectives and will be reviewed and refreshed for April 2020.
- 22 The County Durham Oral Health strategy group is reviewing the draft technical appraisal from Northumbrian Water in relation to the expansion of a community fluoridation scheme and developing a report for cabinet later in 2019.

Conclusion

- 23 The oral health inequalities in County Durham are stark when considering the latest dental survey of five year olds. Much of the inequalities could be tackled through the actions outlined within the oral health strategy. County Durham is making positive progress with the oral health strategy actions.

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Appendix 1: Implications

Legal Implications

The process of making a fluoridation scheme is regulated by the Water Industry Act 1991 and the Water Fluoridation (Proposals and Consultation) (England) Regulations 2013.

Finance

Oral health tooth brushing scheme expansion would require additional costs within baseline budget which public health are considering.

The denture labelling equipment is £70.00 per care home.

Consultation

A full and comprehensive consultation would be undertaken with affected local authorities and all affected residents should the draft technical appraisal from Northumbrian Water recommend the scheme to be operable and efficient and cabinet choose to progress in the next stage of the legislative process.

Equality and Diversity / Public Sector Equality Duty

Public health aims to reduce inequalities and improve health outcomes by reviewing PH outcomes data and developing relevant policies, strategies and intentions as appropriate.

Human Rights

Fluoridation is the adjustment of the level of fluoride to secure improvements in oral health. In over 70 years of schemes operating across the world. There has been no successful human rights challenge to this public health measure in the UK, EU or USA.

Crime and Disorder

Not Applicable.

Staffing

The DCC public health team coordinate and lead the oral health strategy and action plan working closely with multi-disciplinary partners.

Accommodation

Not Applicable.

Risk

The oral health strategy is reviewed against milestones to ensure actions are on target. If the actions within the plan are not progressed the risks to population health are that the gap in inequalities will not be reduced and residents will continue to have preventable dental treatment and tooth extractions which impacts on all aspects of life.

Procurement

Not applicable at this stage.

Appendix 2: Due Process Flow Chart

Table 2. Summary of key steps towards a new scheme

Phase	Content
1	Preliminary scoping phase (non-statutory) and informal discussion with any other affected local authorities.
2	Commencement of statutory process – making an initial proposal, perhaps with multiple proposers.
3	Assessment of operability and efficiency, including agreement of secretary of state to proceed.
4	Consultation with other affected local authorities (if any), and securing their consent to proceed.
5	Public consultation and subsequent decision-making including, in the case of multiple local authorities, joint committee arrangements. In the latter instance, decisions may need to be made by a process of weighted population voting (see section 5.8 and annex 2)
6	Making an agreement between the secretary of state and the water company including issuing an indemnity to the company.
7	Scheme implementation.

