



Oral Health Strategy Update

Key Decision No. AHS/01/19

Report of Corporate Management Team

Jane Robinson, Corporate Director, Adult and Health Services

Amanda Healy, Director of Public Health, Adult and Health Services

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report is to update Cabinet 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 provides an update on the technical appraisal undertaken by Northumbrian Water to consider the feasibility of expanding the community water fluoridation scheme in County Durham, from the current scheme which encompasses the Derwentside area. This was following Cabinet approval (December 2017) and Health and Wellbeing Board endorsement (January 2017).
- 3 The report requests approval to make a decision on the next legislatively defined steps for community water fluoridation.

Executive summary

- 4 While children's oral health has improved over the last twenty years, just over 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.

This was statistically significantly higher than England (23.3%) but not significantly different from the North East (23.9%)¹.

- 5 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.
- 6 The new Government Green Paper *Advancing our health: prevention in the 2020s* (2019) states that the Government will support water fluoridation.
- 7 Children and Young People's OSC (September 2016), Adults and Health OSC (October 2016), Cabinet (December 2017) and Health and Wellbeing Board (January 2017) have all been supportive of the exploration of the feasibility to expand a community water fluoridation scheme to date as part of the County Durham oral health strategy. A recent Adults and Health OSC (July 2019) provided a further update on the delivery of the oral health strategy. County Durham's local dental network (LDN), paediatricians and anaesthetists are also very supportive and actively engaged in the oral health strategy group.
- 8 In December 2017 Cabinet agreed DCC could commission Northumbrian Water to complete a detailed technical appraisal of how operationally viable it would be to expand the scheme and what the cost implications would be to make the distribution equal across the County.
- 9 The Northumbrian Water draft technical appraisal has highlighted the operational features and cost implications of a proposed expansion of the County Durham Community Water Fluoridation Scheme, which will impact the residents of Sunderland, South Tyneside and a very small number of households within Darlington, Hartlepool, Stockton, Gateshead and Cumbria.
- 10 Should Cabinet choose to progress with the next steps in the legislative process to consult on a community water fluoridation scheme, the Secretary of State for Health and Social Care (SoSHSC) requires a letter from the Council to seek his endorsement that the expansion of the current scheme is 'operable and efficient'.
- 11 The SoSHSC is being asked to agree to the proposal to progress from the current scheme operating to an expansion which impacts upon a new population. At this point in time we are proposing that all affected Local Authority areas covered by the current scheme would be consulted to determine whether they would wish to participate in establishing a joint committee and progress a 12-week public

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

consultation. The affected Local Authorities would have three months to respond. It is important to note that not all affected Local Authorities who are part of the existing scheme will receive newly fluoridated water and therefore it is anticipated that those authorities may not seek to participate in the joint committee.

- 12 As the proposal for the extension of the community water fluoridation scheme is fully inclusive of Sunderland and South Tyneside populations democratic processes require consideration across all three areas. Durham County Council is the lead proposing Local Authority and so the due process commences with County Durham's Cabinet.

Recommendations

- 13 Cabinet is recommended to:
- (a) Note the progress made on the oral health action plan and next steps for delivery;
 - (b) Note the findings of the Northumbrian Water technical appraisal which includes the capital costs to be funded by PHE and the potential revenue costs to be sourced from Local Authority public health budget;
 - (i) Agree to write to the SoSHSC to seek agreement that the scheme is considered to be operable and efficient;
 - (ii) Subject to SoSHSC confirming that the scheme is considered to be operable and efficient agree to write to the Local Authorities affected by the current scheme and invite them to notify the Council whether they are in favour of further steps being taken on the proposal;
 - (iii) Provided the Local Authorities consulted do not oppose taking further steps on the proposals agree to participation in a Joint Committee and delegate to the Head of Legal and Democratic Services in consultation with the Leader the decision to nominate representatives from the Council to the Joint Committee and agree the Constitution of the Joint Committee.
 - (iv) For the Joint Committee to undertake a public consultation as set out in 5(2) and 5(3) of the Water Fluoridation (Proposals and Consultation) (England) Regulations 2013 and for the Joint Committee to report the outcome of the consultation to Cabinet.

Background

Oral health inequalities

- 14 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.
- 15 While children's oral health has improved over the last twenty years, almost a quarter (25.8%) of five year olds in County Durham still had tooth decay in 2016/17. This was statistically significantly higher than England (23.3%) but not significantly different from the North East (23.9%)².
- 16 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.
- 17 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.
- 18 The 2017 survey again highlighted wide variations in dental decay at electoral ward level within County Durham, from 47% in Peterlee East to 16% in the Delves area of Derwentside. This is consistent with the findings in Public Health England's *Water Fluoridation - Health Monitoring Report for England 2018*, that water fluoridation is an effective and safe measure to reduce dental health inequalities.

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

Oral Health Strategy Update

- 19 The recent Government Green Paper *Advancing our health: prevention in the 2020s* (2019) states that the Government will support water fluoridation. NHS England will actively seek partnerships between Local Authorities and the NHS and explore ways to encourage more local areas that are interested to come forward with proposals.
- 20 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 quality 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	Oral health promotion team provide training to schools, parents and class room delivery including dedicated work during national smile week

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>
Vulnerable groups	<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>
Explore feasibility of water fluoridation scheme in County Durham	<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. In March 2019 the draft technical report has been shared by Northumbrian Water for consideration.</p>

Next Steps for Oral Health Strategy 2019/20

- 21 The oral health strategy working group are reviewing all outstanding actions and auditing activity to refresh the plan for April 2020.
- 22 The sustainability of the early years tooth brushing scheme requires consideration if County Durham would wish to expand into the top 30% early years settings. The evidence recommends tooth brushing

schemes in primary schools so there is work on going to scope the scheme progressing into key stage one.

- 23 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.
- 24 The development and subsequent roll out of the schools quality framework for health and wellbeing is a priority for 2019/20 and oral health is a core component.
- 25 The Better Health at Work award is the mechanism to promote the sugar smart message as well as make contact with parents about the importance of regular dental visits.
- 26 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.
- 27 As part of the evidence based oral health strategy to reduce inequalities, County Durham has received the Northumbrian Water technical appraisal to determine whether it is possible, from an operational and cost efficiency perspective, to extend County Durham's community water fluoridation scheme.
- 28 The remainder of this report will now focus on the legislative next steps for exploring the expansion of the County Durham community water fluoridation scheme.

Fluoride

- 29 Fluoride is widely present in the environment and it occurs naturally in virtually all water. The concentration of fluoride in water is normally expressed as milligrams of fluoride per one litre of water (mg/l) or in parts fluoride per million parts of water (ppm).
- 30 In the UK, the naturally occurring level of fluoride in water is typically around 0.1 to 0.2 mg/l, although in some localities (for example Hartlepool and parts of the East Durham) it is about 1.0mg/l.
- 31 The most advantageous level of fluoride in water, in temperate climates, is approximately 1mg fluoride per litre of water (1mg/l). At this level the benefits of fluoride in reducing decay are optimal.

- 32 Community water fluoridation (CWF) ensures that, where the natural fluoride concentration is too low to provide dental health benefits, it is raised to and maintained at the optimum level (1mg/litre).
- 33 At 1 January 2016, 26 Local Authorities had community water fluoridation schemes covering the whole or parts of their area with some six million people in England receiving a fluoridated water supply, principally in the North-East (Consett, Gateshead, Hexham, Newcastle, Whitley Bay) and in the West and East Midlands.
- 34 The Derwentside area of County Durham has had a community fluoridation scheme in place since the mid-1960s. The scheme is currently funded from the Public Health grant and the average annual charge is approximately £60,000 per annum.

Impact of Fluoridation

- 35 "Water fluoridation which has both topical and systemic effects is particularly beneficial for individuals and communities at increased risk of tooth decay, such as those from more deprived backgrounds and other vulnerable groups." Public Health England (PHE) 2016.
- 36 There is a significant amount of evidence for the effectiveness and safety of water fluoridation in improving oral health. PHE state "that fluoridation is an effective, safe public health measure suitable for consideration in localities where tooth decay levels are of concern". Appendix two highlights the findings from PHE's evidence review answering concerns which have been raised about alleged adverse side effects.
- 37 On average, five-year olds in fluoridated areas are 15% less likely to have had tooth decay than those in non-fluoridated areas. When deprivation and ethnicity (important factors for dental health) are taken into account, five-year olds in fluoridated areas are 28% less likely to have had tooth decay than those in non-fluoridated areas (PHE, 2014). Children in fluoridated communities having fewer decayed, missing and filled teeth than children in non-fluoridated communities e.g. 2.25 fewer decayed, missing and filled teeth among 5 -15 year olds across a range of countries.
- 38 Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the return on investment for water fluoridation for £1 spent is £12.71 after five years and £21.98 after 10 years, this compares favourably with £3.06 and £3.66 for a targeted tooth brushing scheme over the same time frames which is shown in the illustration below:



Public Health
England

Return on investment of oral health improvement programmes for 0-5 year olds*

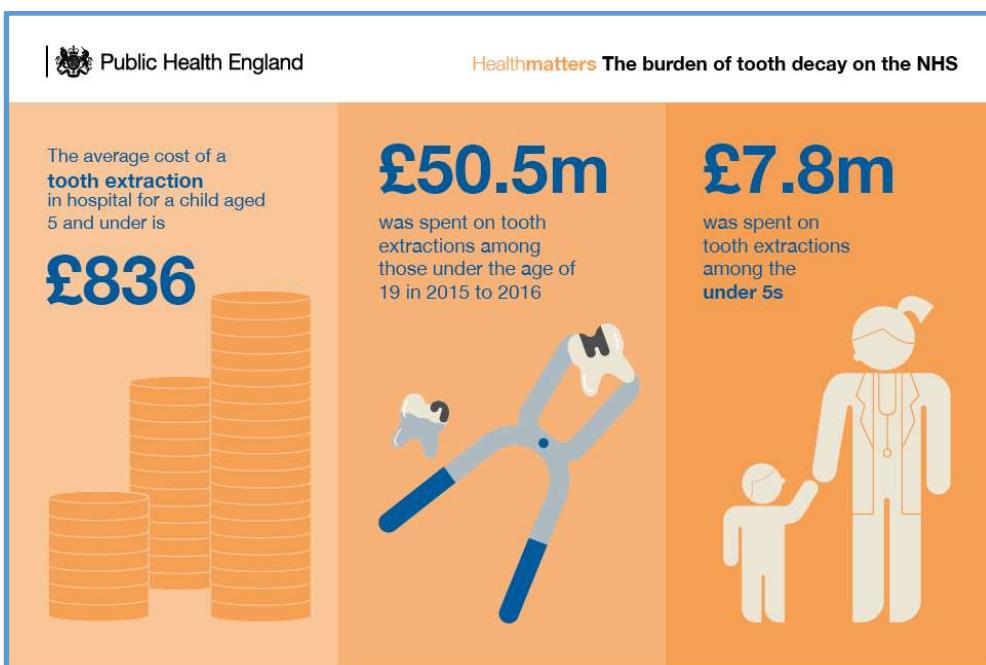
Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated.
PHE Publications gateway number: 2016321

© Crown copyright 2016

- 39 Poor oral health is costly to treat. Children who have toothache or who need treatment may have to be absent from school. Parents may also have to take time off work to take their children to the dentist. Dental treatment is a significant cost with the NHS in England spending £3.4 billion per year on all ages primary and secondary dental care (with an estimated additional £2.3 billion on private dental care) as shown below:



- 40 Children who experience high levels of disease that are treated with fillings and other restorations will require complex maintenance as they age. Those children with a poor oral health regime and unrestricted dietary habits will fare the worst and have treatment which not only maintains their historic decay and poor oral health but also require treatment of new oral problems as they age.
- 41 Of the areas which have been fluoridated there is no credible evidence of an adverse impact on health. Whilst there are reported benefits of fluoridation through research and studies, it should be noted that since the oral health strategy has been operational there has been challenge by special interest groups who campaign against community water fluoridation schemes.
- 42 In respect of this proposal, the known special interest groups are based outside of County Durham. Public Health will remain objective in all evidence that is brought to their attention with regard to adding 1ppm (optimum health impact level) to the water and the health impact associated. Durham County Council have engaged with national PHE experts to seek advice and guidance when studies are brought to local attention and responses have been compiled for elected members and responses to FOIs as required. Robust analysis of such studies is undertaken every four years by PHE as a mandated requirement of their role. Appendix two highlights the proposed risks to health that are not upheld in evidence.

Process for Implementing a Community Fluoridation Scheme

- 43 Parliament has given its express consent in the Water Industry Act 1991 to the deployment of water fluoridation as a public health measure. Legislation provides that particular water fluoridation schemes should be made locally, not nationally, and only through a rigorous process defined within the legislation and regulations. The legislation as it stands prescribes specific roles for and duties of various actors in all aspects of water fluoridation.
- 44 Upper tier and unitary Local Authorities propose and make decisions to implement new schemes and work jointly with other Local Authorities affected by any proposed/agreed scheme.
- 45 Water companies advise on the technical feasibility of schemes and, when requested to do so implement and operate them in accordance with the legislation and regulations.
- 46 The SoSHSC determines whether the arrangements which would result from a Local Authority's initial proposal for a fluoridation scheme would be operable and efficient. The Secretary of State currently also provides

the capital funds for new schemes. See appendix three for the flow chart describing the due process that must be adhered to.

Local Progress as of May 2019

47 Progress to date in County Durham includes:

- (a) **The preliminary scoping phase:** This has been completed. The County Durham Oral Health Strategy included an assessment of need across County Durham as well as detailing an action plan to tackle health inequalities. The action plan included exploring the feasibility of water fluoridation in County Durham.
- (b) **Local Authority to commission an initial feasibility study:** This has been completed. The desk top feasibility study highlighted the potential to expand the community water fluoridation scheme and deemed it potentially operable to implement and estimated that the preliminary costs looked plausible to warrant progression to a more detailed technical appraisal. It was only deemed operable if the scheme included Sunderland and South Tyneside populations as well.
- (c) **Local Authority to commission a technical appraisal:** This has been commissioned and the work now completed. This was jointly funded by Sunderland and South Tyneside councils.

Findings from the final draft technical appraisal

48 The outcomes from the final draft technical appraisal include the following key points:

Operable (technically viable to implement)

- 49 The scheme can be delivered across County Durham within the known health benefits levels of between 0.7 parts per million (PPM) and 1.0 PPM. This threshold is closely regulated to ensure maximum health and safety controls of the water supply.
- 50 All of Sunderland and South Tyneside can receive a community water fluoridation scheme within this programme of work.
- 51 The whole of County Durham can receive fluoridated water with the exception of those properties who are on a private water supply (there are 330 private water supplies, serving approximately 2,200 people) and the Barnard Castle population and surrounding area. For the Barnard Castle population this equates to approximately 21,000 people. This is due to their water being received from the Teesside water supply system. Should Teesside Local Authorities decide to progress with a

community water fluoridation scheme in the future this population would subsequently be consulted with and pending the public consultation outcome would receive fluoridated water. From an oral health inequalities perspective the population who would not receive the fluoridated water already have good oral health and so would not be disadvantaged. An equality impact assessment will be undertaken within the next two months to ensure no parts of the population are negatively impacted. The Barnard Castle population would continue to receive the other parts of the oral health strategy such as tooth brushing schemes and businesses supported through better Health at Work.

- 52 In addition to the water flowing through Sunderland and South Tyneside a small number of households in Darlington, Gateshead, Stockton, Hartlepool and Cumbria's populations are impacted.
- 53 In order to calculate the number of possible residents impacted, an options appraisal has been conducted and the following preferred methodology has been adopted (see table two below for the breakdown). The preferred method of calculating populations with Water Quality Zones (WQZ) and Fluoridation schemes is to use residential property point data (2019) combined with ONS estimates of average people per household (2011).
- 54 A count of residential properties per scheme can be calculated and this can then be multiplied by the average persons per household figure by Local Authority from the Census 2011 to produce population figures. It must be stressed this is a best estimate approach, and the resulting population figures are an estimate of the true populations within the schemes.
- 55 Alternative methods that were considered but discounted were due to various limitations as follows:
 - (a) Using 2017 population estimates by Census Output Area: This was discounted due to Census Output Areas not being not co-terminus with Water Quality Zones and Local Authority boundaries.
 - (b) Using Council Data to identify populations. This was discounted for various reasons such as:
 - Council Tax not holding population data;
 - Difficulties around GDPR and accessing electoral role data;
 - Time considerations with accessing data;

- Formatting issues and time limitations when working with the data.
- 56 The table below sets out the preferred methodology as described in paragraph 52 & 53 for the population estimates based on the residential properties and ONS average persons approach

Table 2: Population estimates

Local Authority	New Scheme	Existing Scheme	Other Addresses		
	Durham Group	Durham Group	WQZ's: Not part of proposals or existing schemes	Households not in WQZ's	Total
County Durham	356,556	154,807	20,163	1,793	21,956
Darlington	2,589	0	107,831	13	107,844
Gateshead District	2	30,941	0	858	858
Hartlepool	2	0	513	100,202	100,715
Northumberland	0	735	6,613	6,730	13,343
South Tyneside District	157,938	0	0	0	0
Stockton-on-Tees	31	0	205,301	965	206,266
Sunderland District	290,016	290	0	235	235
Newcastle	0	0	0	3,232	3,232
North Tyneside District	0	0	0	0	0
Cumbria	2,345	0	0	0	0
Total Population	809,481	186,773	340,421	114,027	454,447

ONS average persons per household 2011 by Local Authority:

Local Authority	ONS average persons per Household)
Newcastle	2.3
County Durham	2.2
Gateshead District	2.2

Darlington	2.2
Stockton-on-Tees	2.4
North Tyneside	2.2
Sunderland	2.3
South Tyneside District	2.2
Northumberland	2.2
Hartlepool	2.3

- 57 The Directors of Public Health (DPH) across the North East and Cumbria have been informed and are aware that they will be formally consulted with as part of the process.

Efficient (Cost impact)

Capital Costs

- 58 Public Health England (PHE) are required to pay the capital costs. The technical appraisal has indicated a capital cost of approximately £4.125 million for the entire scheme across County Durham, Sunderland and South Tyneside.

Revenue Costs

- 59 Local Authorities are required to pay the revenue costs. Revenue costs have been estimated as a per head of population to ensure the sharing of costs across the three Local Authorities is equitable.
- 60 The estimated costs have been modelled at 50p to 65p per head of population as per Northumbrian water calculations in the technical appraisal.
- 61 County Durham currently pays for the Derwentside area to receive fluoridated water with an annual fee of approximately £60,000.
- 62 For the additional population of County Durham (minus Barnard Castle and surrounding area – see paragraph 50-51 for explanation) to receive the community water fluoridation scheme there is an anticipated extra revenue cost of approximately £250,000 per annum (60p per head x population to receive new scheme). Through a rigorous budget prioritisation process public health within Durham County Council identified that oral health would warrant an increase in budget which, if approved through due processes, would pay for the expansion of the community water fluoridation scheme.

- 63 The future funding of the revenue contribution is presently a consultation question within the Governments Prevention Green Paper. It is recognised that there is a benefit to NHS England as well as social care due to the reduction in tooth decay and dental extractions. The consultation question explores the options for the revenue contributions from NHS England rather than purely a Local Authority responsibility. The consultation closes on 16 October 2019.

Proposed Next Steps adhering to National Guidance and Legislation

- 64 In accordance with section 88J of the Water Industry Act 1991 it is necessary for a formal proposal to be made to the Secretary of State (SoSHSC). The proposal is to seek endorsement of the technical appraisal of Northumbrian Water which identified that the community water fluoridation scheme is operable and efficient. Should the SoSHSC be of the opinion that the proposal is not operable and efficient then the process ends.
- 65 Should the SoSHSC be of the opinion that the proposal would be operable and efficient, it is proposed that Durham County Council as the lead proposer writes to all authorities who will be affected by the proposed extension of the current scheme. This will be in accordance with section 88K of the Act and Regulation 3 and will be to establish whether they are in favour of further steps being taken upon the proposal;
- 66 Provided that Councils affected by the proposal favour taking further steps a Joint Committee will be formed in accordance with the legislation and any requirements set out the SoSHSC response. It is the responsibility of the Joint Committee to undertake the 12-week public consultation which will seek the views of the impacted residents regarding the implementation of a community water fluoridation scheme.
- 67 Once the public consultation has been completed the Joint Committee will consider:-
- (a) The strength of support for the proposal;
- i. the strength of any scientific evidence or ethical arguments advanced in relation to the proposal;
 - ii. any assessment of relevant needs set out in a joint strategic needs assessment in relation to the area of a Local Authority affected by the proposal;
 - iii. any joint health and wellbeing strategy published by such an authority;

- iv. the capital and operating costs likely to be incurred;
 - v. any other available scientific evidence in relation to the proposal, including any evidence of benefit to the health and wellbeing of individuals who would be affected by the proposal.
- 68 If the Joint Committee cannot reach a unanimous decision a vote is taken using a population weighted voting formula based on the numbers of people impacted by the scheme extension. If 67% are in favour of the proposal, it can proceed.
- 69 If the vote is in favour of the proposal it is the Joint Committee which will ask SoSHSC to request Northumbrian Water to vary the current fluoridation agreement to include the area covered by this proposal.

Overview and scrutiny

- 70 This report proposes the establishment of a Joint Committee with associated delegated executive powers to undertake public consultation in respect to extending the current scheme. In doing so provision must be made for appropriate overview and scrutiny arrangements that provide non-executive input into and support the key principles of transparency of the decision-making process.
- 71 Consideration of the most appropriate mechanism for ensuring overview and scrutiny of the decision-making process has been discussed amongst health scrutiny officer leads with options for moving forward including:
- The establishment of a Joint Health Overview and Scrutiny Committee (OSC) consisting of the Local Authorities affected by the proposals under the Health and Social Care Act 2012 or
 - Each individual Local Authority ensuring that the proposals are taken through their existing overview and scrutiny processes.
- 72 Officers consider that there are already a number of existing regional and sub-regional joint Overview and Scrutiny Committees in existence which require considerable input from Councillors and the addition of a further joint OSC arrangement may have an adverse impact in terms of member attendance/engagement and officer capacity to support it.
- 73 The preference therefore would be for scrutiny of the proposed community water fluoridation scheme to be undertaken through each individual Local Authority's overview and scrutiny processes.

- 74 For County Durham it is proposed that the Adults Wellbeing and Health Overview and Scrutiny Community lead on this process but that, in view of the cross-cutting impact of the proposals upon the Children and Young Peoples OSC and the Environment and Sustainable Communities OSC, members of those OSCs be included in consideration of the proposals.
- 75 To this end it is proposed that a special meeting of the Adults Wellbeing and Health OSC with an invitation to attend made to the Children and Young Peoples OSC and the Environment and Sustainable Communities OSC membership in December 2019 to consider:-
- The proposed community water fluoridation scheme;
 - The rationale for the proposals and associated evidence of the benefits of proposed extension of the community fluoridation scheme;
 - The arrangements for public and stakeholder consultation including any key evidence or headline comments/issues raised as part of the consultation process to date;
 - The decision-making process at the end of the proposed consultation period.

Timeline

- 76 Appendix four highlights the proposed timeline with required actions adhering to legislative and democratic processes.

Main Implications

- 77 The County Durham oral health action plan is making good progress against objectives and will be reviewed and refreshed for April 2020.
- 78 The Northumbrian Water technical appraisal has highlighted the operational features and cost implications of a proposed expansion of the County Durham Community Water Fluoridation Scheme which will flow throughout Sunderland, South Tyneside and a small number of households in Darlington, Gateshead, Cumbria, Stockton and Hartlepool.
- 79 To note that Barnard Castle and immediate surrounding population (approx. 21,000 residents) would not be part of the community water fluoridation scheme as their water is part of Teesside supply system. An equality impact assessment will be undertaken in the next two months on the full scheme being proposed.

- 80 The revenue costs are between 50p to 65p per head of population. This would equate to an additional annual cost of approximately £250,000 for County Durham. Discussions would also be held with NHS England with regard to contributions as highlighted in the Government's Prevention Green Paper. PHE have undertaken evidence reviews to show the significant return on investment for fluoridation schemes. Even with all the other evidence based actions within the oral health strategy delivered the impact would not be as great at reducing inequities as introducing a community water fluoridation scheme (PHE evidence).
- 81 Cabinet, Health and Wellbeing board, Children and Young People's Overview and Scrutiny Committee and Adults and Health Overview and Scrutiny Committee have supported the exploration of the feasibility to expand a community water fluoridation scheme to date. Further consultation will take place with OSC in December 2019 as detailed at paragraph 73.
- 82 As the proposal for the expansion of the community water fluoridation scheme is inclusive of Sunderland and South Tyneside populations all democratic processes require consideration across the three areas. As Durham County Council is the lead proposing Local Authority the timeline commences with County Durham's Cabinet. This is described in more detail in appendix four.

Conclusion

- 83 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 heath strategy actions.
- 84 The technical appraisal completed by Northumbrian Water has identified that there is the operational ability to implement a community water fluoridation scheme that would cover all of County Durham, Sunderland and South Tyneside other than Barnard Castle and its surrounding area. The revenue costs are approximately 50p to 65p per head of population which would amount to an approximate annual charge of £250,000 for Durham County Council. Negotiations are expected to take place with NHS England regarding supporting such costs on a recurring basis following the consultation question in the Government's Prevention Green Paper.
- 85 Cabinet are requested to consider and agree the recommendations to progress the next steps in respect of water fluoridation in County Durham as detailed in the report.

Contact: Gill O'Neill Deputy Director Tel: 03000 267696
Public Health
Chris Woodcock Public Health Tel: 03000 267672
Strategic Manager

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 . Durham County Council is the Proposer of the Scheme. Since water areas do not correlate to local government boundaries it requires a Joint Committee incorporating the councils affected by proposals which impact outside County Durham. A 67% majority based on population size is required to implement any proposal which is not unanimously supported by the constituent councils. Once the Joint Committee has been formed it takes over conduct of the proposal and makes the necessary decisions.

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.

The technical appraisal for the potential expansion of the community water fluoridation scheme has been estimated at to be ~£4,125 million capital (responsibility of SOSHSC) and ~50p to 65p per head of population for the revenue costs.

Should the option to progress be agreed to next stages there may be costs for the public consultation which are yet to be determined.

Consultation

A full and comprehensive consultation would be undertaken with affected Local Authorities and all affected residents. An independent communications consultant has been commissioned to develop the public consultation with all affected and impacted Local Authority areas and residents. Should cabinet approve the recommendations detailed plans will be drawn up to be ratified by the joint committee.

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. A specific equality impact assessment will be undertaken as part of consultation process. All known affected groups with protected characteristics will be considered.

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 Durham County Council 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

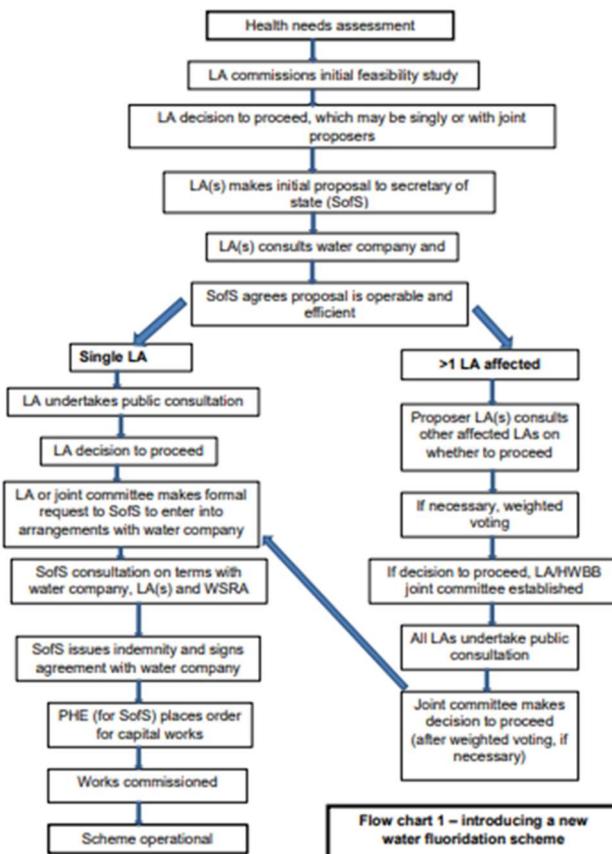
Independent communications and consultation consultancy will be procured to strategically coordinate and implement the 12 week public consultation should the work progress to this stage.

Appendix 2: Summary of PHE evidence demonstrating the proposed risks to health are not upheld in evidence

Health condition	Evidence
Hip fractures	There was no evidence of a difference in the rate of hip fractures between fluoridated and non-fluoridated areas.
Kidney stones	There was evidence that the rate of kidney stones was lower in fluoridated areas than non-fluoridated areas.
All-cause mortality	While there was some evidence that the rate of deaths from all recorded causes was lower in fluoridated areas than non-fluoridated areas, the size of the effect was small.
Down's syndrome	There was no evidence of a difference in the rate of Down's syndrome in fluoridated and non-fluoridated areas.
Bladder cancer	There was evidence that the rate of bladder cancer was lower in fluoridated areas than non-fluoridated areas.
Osteosarcoma (a form of bone cancer) among under 25-year olds	There was no evidence of a difference in the rate of osteosarcoma between fluoridated and non-fluoridated areas.
Osteosarcoma (a form of bone cancer) among people aged 50 and over	There was no evidence of a difference in the rate of osteosarcoma between fluoridated and non-fluoridated areas.
All cancer	There was no evidence of a difference in the rate for all types of cancer between fluoridated and non-fluoridated areas.

Appendix 3: Due Process Flow Chart

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.



Appendix 4: Due Process Flow Chart and timeline

Durham County Council

Draft community water scheme timeline

Action	Timescale
Preliminary scoping phase and informal discussion with other partner Local Authorities (LAs)	
Awaiting technical appraisal report from Northumbrian Water	
Review outcomes of technical appraisal from Northumbrian Water Receive letter of endorsement from Northumbrian Water	
Produce a report to explore possible next steps: Stage 1: <ul style="list-style-type: none">• Secretary of State proposal Stage 2 <ul style="list-style-type: none">• Consultation with other Local Authorities (Sunderland, South Tyneside, Darlington, Cumbria, Gateshead, Stockton and Hartlepool) Stage 3 <ul style="list-style-type: none">• Establish a joint committee (DCC delegated authority)• Undertake a public consultation• Report back to cabinets the recommendation from the joint committee	
Oral health update to AWHOSC	4 th July 2019
Next steps report to CMT	4 th September 2019
Discussion with Majority Group (Labour Group)	16 th September 2019
Next steps report to go to Cabinet	Pre-agenda 1 st Oct 2019 Cabinet Briefing 14 th Oct 2019

Action	Timescale
	Cabinet 16th Oct 2019
Formal proposal to Secretary of State (SoS) for approval to proceed	17 th Oct to 17 th Nov 2019
Consult with partner Local Authorities (Sunderland, South Tyneside, Darlington, Cumbria, Gateshead, Stockton and Hartlepool) Consultee Local Authorities must be given up to three months to consider the matter and give their opinion to the proposer. Should a consultee not respond within three months then they are taken to have withdrawn from this phase of the decision-making process (<i>wording from PHE Improving oral health: a community water fluoridation toolkit for Local Authorities</i>). To include in letter: <ul style="list-style-type: none">- Proposal to expand water fluoridation and have SoS approval to progress to this stage which is consultation with affected LAs- Explain size of population impacted upon in each LA boundary- Outline the weighting of votes as per head of population and 67% rule- Outline stages as per legislation and requirement to consult for 12 weeks with the public which we would propose to do together and Durham as Lead LA- Request affected LAs seek approval from their cabinets and H&WB Boards to work as part of a joint committee- If in support of the exploration of community water fluoridation and the public consultation then the requirement to develop a joint committee- Proposed delegated authority of the joint committee- Request for 3 elected members on joint committee (to include chair of H&WB Board)- DCC to act as proposer LA- Explain what the role of the joint committee would be and proposed delegated powers	<u>1 month</u> 18 th Nov to 18 th Dec 2019 <u>2 months</u> 18 th Nov 2019 to 18 th Jan 2020 <u>3 months</u> 18 th Nov 2019 to 18 th Feb 2020
Oral health update to Joint OSC (Overview and Scrutiny)	17 th December 2019
Oral health update to H&WB Board	29 th January 2020
Establish Joint Committee (using guidance from H&SC act 2012) <ul style="list-style-type: none">• Produce terms of reference (TOR)• 3 members from each LA (Include officers and elected members)• Quorate must have at least 1 elected member from each LA• Establish officers working group (include Ros Layfield, Democratic Services)• To agree process for public consultation and communication plan	February 2020

Action	Timescale
<p>Public consultation</p> <ul style="list-style-type: none"> • Durham County Council to lead consultation as the 'Proposer LA' on behalf of three Local Authorities • Durham County Council to be the master logist and liaise with each LA SPOC • Arrange for a general email address • External organisation to arrange public consultation (discuss with COG) • Attend OSC as part of consultation 	<p>3 months</p> <p>9th May 2020 to 9th August 2020</p>
Joint Committee meeting to review results from public consultation and determine recommendations for all of the affected Local Authorities.	1 st September 2020
If public consultation is positive to expand the community water fluoridation scheme then Joint committee write to SoSHSC to request permission to commission a community water fluoridation scheme	September 2020
Report from Joint Committee to Cabinet / H&WB Board on outcome of consultations for information.	Cabinet September or October 2020 (date TBC)
Joint committee writes to SofS to arrange agreement between Secretary of State (SOS) and water company including issuing an indemnity to the company	Post September 2020

