

Health and Wellbeing Board

8 March 2016

Development Of An Oral Health Strategy For County Durham



Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the report

- 1 The purpose of this report is to provide an update on the development of the oral health strategy including the progress on a feasibility study for fluoridation.

Background

- 2 National Institute for Health and Care Excellence (NICE) public health guidance 55 makes 21 recommendations to improve the oral health of our communities. The first recommendation is the development of a stakeholder group that in turn will assist in the development of a strategy to deliver the majority of the other recommendations. The oral health strategy group has been established and has identified a number of priority areas for action.

Oral Health Strategy Development

- 3 Whilst the development of the fluoridation feasibility study progresses it is important that the oral health strategy is progressed and seeks to address the NICE (PH 55) guidance recommendations relevant to County Durham.
- 4 There are 21 recommendations within the NICE guidance. These recommendations have been mapped at a high level by the oral health strategy group to consider whether they are being met across County Durham. Where gaps have been identified the group are in the process of deciding whether there is sufficient resource within the current infrastructure and county wide system to deliver against the gaps.
- 5 It is essential at a time of austerity that a new strategy and action plan is designed which is deliverable within existing resources and includes thinking differently and working more smartly by pooling resources.
- 6 A pragmatic approach is being applied to determine how, wherever possible, oral health can be incorporated into other strategic plans and policies.

- 7 The 21 recommendations can be applied to a 'settings based' approach. The remainder of this briefing sets out the intentions for how the oral health strategy and action plan will be pragmatically applied by working with existing partners and stakeholders to embed oral health over the next three years while we remain committed to progress the exploration of fluoridation.
- 8 The first four NICE recommendations refer actions already underway such as the development of a strategy and reviewing the available epidemiological data.

Early Years / Nurseries / Children Centres

PROPOSED ACTIONS	NICE RECOMMENDATION
1. 0 – 19 breast feeding initiation and at 6 – 8 weeks	5. Ensure all public service environments promote oral health
2. Breastfeeding friendly venues – United Nations Children's Emergency Fund (UNICEF) accreditation maintain status	6. Include information on oral health in local health and wellbeing policies
3. 0 – 19 encourage dental registration increase	7. Ensure frontline health and social care staff can give advice on the importance of oral health
4. Plain drinking water – drink of choice in public sector venues	8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health
5. Provide a choice of sugar free foods – including vending machines	12. Include oral health promotion in specifications for all early years services

Primary setting (5 – 11 years)

PROPOSED ACTIONS	NICE RECOMMENDATION
1. Promote national school food plan: plan drinking water available and sugar free snacks	17. Raise awareness of the importance of oral health, as part of a 'whole school' approach in all primary schools
2. Oral health as part of the curriculum – Personal, social, health and economic education (PSHE) resources available on DCC website	18. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at risk of poor oral health
3. School Nurses to encourage dental registration at parent sessions	19. Consider supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health
4. Liaise with the local dental network (LDN) to discuss possible 'pop up dental clinics' within schools	

PROPOSED ACTIONS	NICE RECOMMENDATION
<ul style="list-style-type: none"> 5. Oral health promotion team to work with special schools 6. Training to special school support staff on oral hygiene and health promotion 7. Scope out costs to deliver three year intervention tooth brushing and fluoride varnish scheme in targeted areas and work with the LDN to deliver intervention 	<p>20. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health</p>

Workplace and community settings

PROPOSED ACTIONS	NICE RECOMMENDATIONS
<ul style="list-style-type: none"> 1. Making plain drinking water available in community venues 2. Provide a choice of sugar free food, drinks and snacks, including from vending machines 3. Encourage and support breastfeeding 4. Healthy living pharmacy – SMILE campaign 5. Oral health in Health at Work 	<ul style="list-style-type: none"> 5. Ensure public services promote oral health 6. Ensure front line health and social care staff can give advice on the importance of oral health 10 Promote oral health in the workplace

Vulnerable groups (children and adults at high risk of poor oral health)

PROPOSED ACTIONS	NICE RECOMMENDATIONS
<ol style="list-style-type: none"> 1. Oral health promotion team to work specifically with special schools and those educated outside of mainstream 2. Explore feasibility of minimum set of standards for oral health within care home contracts e.g. oral health assessment on admission to care home, oral health care plan established and regularly reviewed – quality metrics 3. Training and support in residential care homes on importance of oral hygiene and dual training on dementia care 4. Label dentures to reduce loss and cost of replacement 5. Align dental practices to each residential care home to ensure a general dentist is available for advice/guidance 	<ol style="list-style-type: none"> 7. Ensure front line health and social care staff can give advice on importance of oral health 8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health 9. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health 6. Commission tailored oral health promotion services for adults at high risk of poor oral health

Next steps regarding oral health strategy

- The LDN was updated on 14th December 2015 regarding progress to date and on the proposed preliminary plans.
- A proposal is being developed for a tooth brushing and fluoride varnish scheme for County Durham to last for three years 2016 – 2019. This will be a targeted interim intervention while the feasibility fluoridation study is underway. Funding for this will come from identified money within public health reserve budget.
- This intervention will run concurrently with the children and young people's workforce working diligently to encourage families to register with dental practices. Dental practices offer fluoride varnish free to children every six months. To reduce oral health inequalities, families in areas with poor oral health need to start to visit their dentist more regularly to receive this free treatment.
- Following consultation with LDN, further detailed discussion is required with key personnel in order to develop a multi-agency/disciplinary SMART action plan across the oral health stakeholder network.
- A consultation will take place with stakeholders and final sign off by the Health and Wellbeing Board is expected in 2016.

Fluoridation in County Durham

- 9 Following discussions by Health & Wellbeing Board members a meeting was held in October to explore the possibility of water fluoridation with:
- National Public Health England (PHE) team, Head of Fluoridation
 - North PHE Consultant in Dental Public Health
 - Director of Public Health
 - Consultant in Public Health
 - Public Health Portfolio Lead
- 10 Water fluoridation schemes in England are explicitly permitted by Parliament, through the Water Industry Act 1991 [WIA 1991, The “Act”], which incorporated without change the entire content of the original Water (Fluoridation) Act 1985. The Water Act 2003 introduced into the Act a duty on water companies to comply with a validly-made fluoridation request by the then relevant NHS body (Strategic Health Authorities), removing the discretion previously permitted to water companies to refuse to accede to a request for a scheme.
- 11 The Health and Social Care Act 2012 introduced into the Water Industry Act major changes to fluoridation responsibilities, with the consultation and decision making responsibility for schemes being transferred from 1st April 2013 to unitary and upper-tier local authorities, and with the responsibility for making, varying or terminating fluoridation arrangements with water companies transferring to the Secretary of State for Health, to be exercised by him in accordance with the decisions of the affected local authority(ies), made in accordance with the fluoridation legislation.
- 12 The functions of the Secretary of State are discharged through Public Health England, an executive agency of the Department of Health. The Local Authority (LA) liaises via Public Health England.

Process for establishing a new fluoridation scheme

- 13 The process which a local authority must follow if it wishes to propose to introduce a scheme includes:
- Initial consultation with the Secretary of State and the water undertaker, complying with Regulations regarding the steps to be taken to consult and ascertain opinion, and comply with Regulations defining the factors which it must take into account in reaching a decision following consultation.
 - Define the additional processes which a proposing local authority must follow if other local authorities are affected by the proposal for a new scheme.
 - The Secretary of State is requested to enter into a fluoridation agreement with a water company following a decision of a proposing LA.

- Setting out the terms on which a fluoridation agreement will be made between the Secretary of State and the water undertaker and requiring the Secretary of State to consult The Water Services Regulation Authority (OFWAT) and the affected local authorities about those terms.

Feasibility study

- 14 Before a fluoridation scheme is embarked upon, a feasibility study should be undertaken.
- 15 This stage may be technical, complex, time consuming, and legislative, but it can be loosely broken down into three areas to be considered.
- Can it be done?
 - Is the proposal resilient? (i.e. to seasonal variation)
 - Can it be afforded? (this includes both capital and operating costs)
- 16 After these stages have been completed, the Secretary of State will make a decision based on whether the proposal is operable and whether it is efficient.
- 17 If this is deemed acceptable, the local authority is then required to consult with their population on the proposal. If more than one local authority is impacted, they must also consult with their population.

Next steps at a local level

- 18 Working in partnership with the National PHE water fluoridation lead a template fluoridation feasibility study service specification has been designed on behalf of Durham County Council (DCC).

Population identified for fluoridation within the feasibility study

- 19 Based on epidemiological data the specification describes the population DCC would like to ideally cover with fluoridated water. In the first instance the feasibility study is to consider water fluoridation in all of the areas in Durham which are not currently fluoridated. NB: the former Derwentside area plus parts of Chester-le-Street are the only areas currently subject to water fluoridation by Northumbria Water. Should this not be feasible, operable or efficient there are some areas which are of particular interest based on significant oral health inequalities: Bishop Auckland, Wear Valley, Shildon, Spennymoor, Easington and Peterlee.
- 20 The feasibility study will report on whether fluoridation is technically feasible, operable and efficient to fluoridate the whole of the areas of interest; only part of the areas of interest or whether in addition to the areas of interest it would be necessary to also increase the level of fluoride to any surrounding areas. It is necessary to specify which areas these would be and what population size this would affect and the level of fluoride in these additional areas.

- 21 The feasibility study will deliver outcomes at three stages and will be costed at three points to prevent budget being spent on technical details that may be deemed un-necessary or not possible to progress. At this preliminary stage it is proposed that the three phases of the feasibility study include:
- Initial desk top study to identify water quality zones (the geographic measure used by the water industry) potentially affected and potential locations for fluoridation plants. This may identify a number of potential options for how to progress.
 - Develop estimated costs for selected options based on 'off the shelf' costs which will be discussed with PHE and the council.
 - Full engineering feasibility study in relation to preferred option identified, resilience issues, number of households affected, scope of fluoridation plans and costs.

Costs and timeline for feasibility study

- 22 At this point in time PHE is awaiting feedback from Northumbrian Water. Initial costs and a timeline have been requested for phase one.
- 23 A sense of urgency is being created to push the feasibility study through but a realistic estimate is up to two years for completion. PHE has discussed the feasibility study with NHS England and there is an expectation that NHS England will fund this.

It may be necessary for DCC Public Health to contribute a small amount to the feasibility study depending on final contract amount.

Recommendations

- 24 The Health & Wellbeing Board is recommended to:
- Note the report for information
 - Note the development of a fluoridation feasibility study by Northumbria Water
 - Note the NICE guidance and development into a local oral health strategy to be signed off by the Health & Wellbeing Board.

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Appendix 1: Implications

Finance

Identified from public health reserves. Fluoridation study may also include contributions from NHS England.

Staffing

None

Risk

Timeline for fluoridation and stakeholder opinion surrounding the activity.

Equality and Diversity / Public Sector Equality Duty

None

Accommodation

N/A

Crime and Disorder

N/A

Human Rights

N/A

Consultation

Local dental network will be consulted. Final strategy will be consulted upon. Consultation not required for feasibility study.

Procurement

DCC to commission targeted interventions.

Disability Issues

None

Legal Implications

Linked to procurement. Linked to the legislative process surrounding fluoridation.