NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in Council Chamber, County Hall, Morpeth on Tuesday, 3 March 2020 at 12.30pm

PRESENT

Councillor J. Watson
(Chair, in the Chair)

COUNCILLORS

Armstrong, E.	Hutchinson, I.
Bowman, L.	Pattison, W.
Cessford, T.	Simpson, E.
Dungworth, S.	

ALSO PRESENT

Jones, V.

OFFICERS

Angus, C.	Scrutiny Officer
Bennett, L.M.	Senior Democratic Services Officer
Morgan, L.	Director of Public Health

ALSO IN ATTENDANCE

Dickson, M.	Executive Director of Nursing
Morris, J.	Senior Lecturer in Dentistry
Redfearn, A.	Designated Doctor Looked After Children, Northumberland & Consultant Paediatrician
Robson, T.	Dental Practitioner
Rushmer, J.	Executive Medical Director, Northumbria Healthcare NHS Foundation Trust
Warren, J.	West Midlands Against Fluoridation

79. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors K. Nisbet and L. Rickerby.

80. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 4 February 2020, as circulated, be approved as a correct record and signed by the Chair.

81. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A).

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

82. QUALITY ACCOUNT - NORTHUMBRIA NHS FOUNDATION TRUST

Members received a presentation from Jeremy Rushmer, Executive Director, Northumbria Healthcare NHS Foundation Trust (copy attached to the signed minutes).

Key points from the presentation included:-

- Details of the Five Year Strategy
- The vision
- Annual Planning Process
- Safety and Quality Priorities 2019/20
    - Including Frailty, Flow, Deteriorating Patient, Staff Experience, Cancer, Bereavement, Maternity, Every Contact Counts
- Performance Figures and Developments for each priority
- Safety and Quality Priorities 2020/21
    - Including Flow, Deteriorating Patient, Medicines Management, Mental Health, End of Life Care, Patient Experience, Staff Experience.
- Part of wider annual planning process and linked with the five year Strategy
- Smart Objectives
- Quality Account 2019/20 - Looks back at safety and quality priorities for 2019/20 and focus for 2020/21
- Draft account ready for mid April 2020 and to be circulated to stakeholders for formal opinion by end of April. Final version by end of May.

In answer to questions it was stated that the finalised plan did not normally come back to the Health and Wellbeing Scrutiny Committee, however, this could be reviewed if it was felt necessary. With regard to staff training in equalities, Members were informed that there was a three year mandatory training period for staff which included equality and diversity training. At present 96.6% of staff had completed the training. The Trust was doing very well in this area and inclusivity and the treatment of all minority groups in an open way was very important to it.

The Chair thanked Jeremy Rushmer for the presentation.

RESOLVED that the presentation be noted.

83. BERWICK HOSPITAL - UPDATE

Members received a presentation from Marion Dickson, Executive Lead for the development. (A copy of the presentation filed with the signed minutes.)

- £25 million new hospital to be built on current site with all current services, integrated primary care service and a JAG accredited endoscopy suite.
- New hospital will be innovative, improve patient and staff experience and future proof to allow addition of more services.
- Reduce miles travelled for appointments.
- Phase one complete with all activity relocated to northern end of current site.
- All services will continue except oral surgery which will be carried out at Alnwick Infirmary.
- Planning applications for demolitions submitted and application for new build expected to be submitted in May.
- Demolition of northern end of site provisionally to commence in June.
- If planning approval granted expected completion date of new hospital is spring 2022.

The following comments were made in response to questions:-

- Following serious accidents, patients would still be transported to Cramlington for treatment
- It would not be possible for such patients to be treated at Berwick due to the large number of staff that would be required. However, it was intended to offer as many services as possible at the new hospital.
- A lot of work had been done to identify what services could be included and officers were happy to hear what local people wanted.
- IT was very sophisticated and allowed virtual clinics to be held. This would reduce the number of miles travelled by patients for appointments.
- Space had been left in the plans to allow for the additional of other services.

The Chair thanked Marion Dickson for the presentation.

RESOLVED that the presentation be noted.

84. ORAL HEALTH STRATEGY - UPDATE

Liz Morgan, Director of Public Health, gave a presentation outlining a picture of oral health in Northumberland, strategies in the Action Plan and the legislative process to vary the existing fluoridation scheme. (Copy of the presentation filed with the signed minutes.)

The presentation covered the following areas:-

- Map showing areas of highest and lowest dental decay in 5 year olds in Northumberland.
- Action Plan 2019-22
- Partnership working

- Giving every child the best start in life and opportunities for oral health. Included targeted toothbrushes/toothpaste, oral health training, community water fluoridation scheme.
- Improving oral health of older people
- Service development and commissioning
- Return on investment of oral health improvement programmes for 0 -5 year olds. After 10 years, it was shown that water fluoridation and targeted provision of toothbrushes and toothpaste had the greatest impact.
- Some areas had water containing naturally occurring fluoride, however, where this was too low to provide benefits, it could be raised to a level of one part per million as part of a community fluoridation scheme.
- In Northumberland approximately 71,000 households and 156,000 people have fluoridated water supplies.
- The optimal concentration of fluoride in water was one mg fluoride per litre and where naturally occurring levels were too low a water fluoridation scheme could be used to raise it.
- This was one of the most studied interventions and no evidence of harm to health had been found.
- Confirmation had been received from SoSHSC and Northumbria Water that the proposal was operable and efficient.
- An 'active listening' phase was due to commence to inform a statutory consultation process planned for later in the year.
- Consulting the public. Problems arose from unsubstantiated conclusions being drawn from scientific reports or from using poor quality studies.
- Public debate tended to focus on the following:-
    - Is it needed?
    - Is it effective?
    - Does it cause harm to health?
    - Does anyone want it or who will benefit from it?
    - Is it cost-effective or what is the return on the investment
- Members were asked if they had any views or concerns that should inform the development of the consultation documents and process, and for the best ways to gain the views of local people.

The following points were made:-

- The consumption of fizzy drinks would be taken account of as part of the consultation. Water would be encouraged to be the drink of choice. Account would also be taken of whether water was bottled or tap water.
- Water could also be consumed in cooking.
- It was important to ensure that the consultation covered all areas.
- Other work would be undertaken including

The Chair welcomed Joy Warren, Coordinator of West Midlands Against Fluoridation and Joint Coordinator of UK Freedom from Fluoride Alliance, to the meeting and invited her to make her presentation. (Copy of the presentation filed with the signed minutes.)

The presentation included the following points:-

- She came from Coventry where the water had been fluoridated since 1979 and the levels of tooth decay there were higher than in Northumberland.

- The Alliance was passionate about what it believed in.
- Whilst agreeing with the importance of reducing tooth decay, it now had confirmation via research from a Dental College in New York that fluoride damaged tooth enamel and caused dental decay.
- Dental fluorosis was a manifestation of systemic toxicity.
- A bar chart displayed the numbers of hospital extractions due to dental decay in the North East between 2014-17, and compared areas of naturally fluoridated water to artificial fluoridated water.
- Many Local Authorities had successfully implemented targeted programmes to influence behaviour and preserve teeth.
- Fluoridation was universally unpopular
- Newspaper polls between 1988-2009 recorded a majority against fluoridation.
- In Southampton in 2009, 72% of respondents to the public consultation rejected fluoridation.
- It was a compulsory medicine. The World Health Organisation recommended a maximum of 6 mg per day but this was regularly exceeded and the dosage uncontrolled. Children should have supervised brushing to avoid them swallowing
- It was a waste of money. Only 1.3% of fluoridated water was drunk in households, 98.7% of fluoridated water was wasted. Of every £100,000 spent on fluoridation in the UK, £99,700 was totally wasted.
- It caused a significant reduction in human intelligence due to fluoride exposure in the womb and during infancy. A 6 month old baby should only consume 0.05 mg per kilo of bodyweight per day. Over exposure could result in reduced intelligence and dental fluorosis.
- The County Council had a duty of care to all of its constituents.
- Fluoride was a Presumed Developmental Neurotoxin and was expected to be classified in the same category as lead.
- Fluoridating Local Authorities would have no insurance, no indemnity, have a failure in duty of care and to observe the Precautionary Principle.
- There was no evidence of public demand for fluoridation.

The following points were made:-

- If most fluoridated water was wasted, how could fluoride be added to water that was just intended for drinking.
- There seemed to be a contradiction in the data, whereby some showed that hospital admissions for extractions would rise and others that they would fall.
- There was concern that the presentation used unsourced data, and contained very generalised statements. Details of the newspaper polls referred to were supplied to the member.
- Anything could be proved by data and it was concerning that data had been extrapolated and turned into evidence to prove something else.

The Chair thanked Joy Warren for her presentation.

The Chair welcomed John Morris, Senior Lecturer in Dentistry at University of Birmingham, to the meeting and invited him to make his presentation. (Copy of the presentation filed with the signed minutes.)

The presentation included the following points:-

- What was meant by evidence? Blogs, information on websites, scientific papers, Youtube, official publications?
- Evidence Hierarchy showed that more faith could be placed in sources from the top of the hierarchy although nothing was foolproof.
- There was a strong evidence base that community water fluoridation was effective in reducing levels of dental decay.
- Public Health England (PHE) monitoring reports showed the odds of experiencing decay (in five year olds) was reduced by 23% in least deprived areas and 52% in the most deprived areas. A 2012 report showed a similar picture in the permanent teeth of 12 year olds.
- Hospital admissions for removal of decayed teeth in 0 - 19 year olds was 59% lower.
- There was a greater impact in deprived areas.
- Evidence was never perfect
- Higher levels of dental fluorosis were seen in fluoridated areas but was of low concern.
- Numerous evidence reviews since 2000 found no evidence of harm to health from fluoridated water.
- Fluorosis could be unsightly but it was important to keep a sense of perspective.
- There was a crowded publication arena with variable quality of papers. The assessment of new research by the scientific community could take time, allowing the paper to still be reported as fact in the press.
- In summary, significant dental health benefits continued to be observed and there was no public health impact from the increase in dental mottling. No credible scientific evidence of harm to health had been identified after 70 years of experience.

The Chair thanked John Morris for his presentation.

The Chair welcomed Tom Robson, Dental Practitioner, to the meeting and invited him to make his presentation. (Copy of the presentation filed with the signed minutes.)

- He had been born in Newcastle in the 1950s and had three baby teeth and two adult teeth removed by the age of 11. It was common for people to have fillings and extractions.
- He became a dentist and now practices in Consett, an area of poverty and deprivation. He also worked in urgent care at Wansbeck Hospital.
- There was a north/south divide for poverty and deprivation but also a north/north divide between wealthier and more deprived areas of Northumberland.
- Unfortunately, many children suffered from dental decay and this should not have to be their first experience of dental services.
- Lack of early tooth care became imprinted on people and remained throughout life.
- Things could still change and the dental outcomes for people in Consett had improved to give poor kids, rich kids' teeth.
- Those opposing fluoridation of water often used science to prove their claims, but it was important to remember that saying something over and over again did not make it true.
- He supported the fluoridation of water.

The Chair thanked Tom Robson for his presentation.

The Chair welcomed Dr. Anna Redfearn, Consultant Paediatrician and Designated Doctor Looked After Children, to the meeting and invited her to make her presentation. (Copy of the presentation filed with the signed minutes.)

- She was a paediatrician working in Blyth Valley and, as well as general paediatrics, was responsible for Looked After Children from all over Northumberland.
- Most Looked After Children she saw were younger, neglected children and anecdotally was seeing children with 7-9 teeth removed by the age of six.
- A huge proportion of these children had severe dental decay.
- This situation was not inevitable as North Tyneside's Looked After Children were also deprived but suffered less bad dental decay.
- Looked After Children were more vulnerable because of the following:-
    - Poor diet - high in sugar
    - Use of dummies
    - Lack of tooth brushing supervision
    - Not taken to dentist and miss health promotions at school and nursery
    - Neglected children did not signal pain and could be difficult to treat as they were frightened and wary.
- Interventions may not reach Looked After Children because:-
    - Giving out toothbrushes may not reach them as their family's are often highly mobile, parents did not open post and would need support to use them.
    - Parents were wary of professionals, would not engage with supervised brushing and may withhold consent for school based programmes.
    - Fluoride paint was only useful for those accessing the dentist or community programmes. Neglected children did not get taken to these programmes.
    - Neglected children would not respond to the consultation
- Only fluoride in water will work. It is an equality issue and the longer it was left the more neglected children would suffer.

The Chair thanked Dr. Redfearn for her presentation.

Liz Morgan informed Members any feedback would be appreciated. A website would soon be available regarding the fluoridation issue and the Council was entering an active listening phase. A feedback form could be accessed via the website and would be used to pick up any issues to ensure that they were reflected in the formal consultation later in the year.

Members stressed the importance of getting the views of hard to reach families and people with learning and physical disabilities. These people may not access the website. It was important to ensure the inclusion of the community dental service, community groups, schools and youth group.

The proposal would be brought back to the Health and Wellbeing Scrutiny Committee as part of the consultation process and following the consultation process a recommendation would be made to the Cabinet for a decision.

RESOLVED that

(1) progress with the Northumberland Oral Health Strategy Action Plan be noted;

(2) it be confirmed that assurance had been provided that the correct processes that should be addressed as part of the community water fluoridation scheme had been applied;

(3) issues or concerns that may be raised by affected communities that should be addressed as part of the community water fluoridation consultation were noted.

85. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

Members considered the work programme/monitoring report for 2019-20 (enclosed with the official minutes as Appendix E).

RESOLVED that the revised work programme be noted.

86. URGENT BUSINESS

The Chair agreed that the following item be discussed as urgent business.

Coronavirus

Liz Morgan provided a brief update regarding the coronavirus.

- The situation was evolving rapidly
- The national focus was still focused on containment, tracing contacts, good hygiene and isolation.
- Northumberland County Council had a suite of plans in the risk register and was using the pandemic flu plans for local planning.
- Regular meetings were being held.
- Putting the matter into perspective, a useful measure of the severity of the problem was that although over 3,000 people had died from the coronavirus, 600 people died every year of seasonal flu in England.
- There were currently no cases in the North East.
- It was important to identify the most vulnerable and ensure that they were supported.
- Of the 13,500 tested in the UK, 40 cases were positive, although this was a relatively small number there was the potential for it to escalate.

RESOLVED that the update be noted.

87. NEXT MEETING

It was noted that the next meeting would take place on Tuesday, 31 March 2020 at 1.00 pm.

CHAIR _____

DATE _____