

HEALTH AND WELLBEING BOARD

DATE: 13TH FEBRUARY 2020

ORAL HEALTH STRATEGY UPDATE

Report of: Executive Director of Adult Social Care & Children's Services

Cabinet Member: Cllr Veronica Jones, Adult Health and Wellbeing

Purpose of report

1. This report is to update the Health and Wellbeing Board on the progress being made with the Northumberland Oral Health Strategy and provide an overview of activity to date to tackle oral health inequalities across the county.
2. One of the actions is to explore the extension of the existing arrangements for water fluoridation. The report also seeks the views of the Board on the key questions which are likely to be raised by local communities and the issues which will be important to them in response to a proposal to vary the current community water fluoridation. These will be used to inform the development of the formal consultation which is part of the statutory process and which will take place later this year.

Recommendations

3. The Health and Wellbeing Board is recommended to:
 - a. Note the progress made on the oral health action plan and comment on next steps for delivery;
 - b. Note the progress made in varying the existing community water fluoridation arrangements in Northumberland;
 - c. Identify key questions and issues which are likely to be raised by communities and other stakeholders in response to this proposal to inform a future consultation process.

Link to Corporate Plan

4. This report is linked to the 'Living' priority included in the NCC Corporate Plan 2018-2021. Extending the current community water fluoridation scheme will improve the oral health of our most deprived communities and will reduce oral health inequalities.

Key issues

5. Local authorities have statutory responsibilities for the promotion of good oral health and decision making on the fluoridation of water. Oral health is an important aspect of a child's overall health status and children's school readiness, and is seen as a marker of wider health and social care issues including poor nutrition and obesity. While children's oral health has improved over the last twenty years, poor oral health continues to make a significant contribution to the burden of disease in children and young and is an area where there are significant inequalities.

6. The Northumberland Oral Health Strategy and action plan (2019 - 2022) was approved by the Health and Wellbeing Board in March 2019. Community water fluoridation is a safe, cost-effective and universal measure to improve oral health and reduce inequalities. The Health and Wellbeing Board (July 2017 and March 2019) has supported the expansion of the current community water fluoridation scheme in response to the oral health needs assessment undertaken in 2017 and as part of the Northumberland Oral Health Strategy. Northumberland's dentists and paediatricians also support community water fluoridation as does the MP for Berwick-Upon-Tweed.

7. At its meeting on 8 Oct 2019, the local authority's Cabinet approved the initiation of the legislative process to propose a variation to the current fluoridation scheme. This followed the completion of a detailed technical appraisal of how operationally viable it would be to expand the scheme and what the cost implications would be. Northumbrian Water has confirmed that the proposal is operable and efficient. The Council has now consulted with the SoSHSC who has also confirmed that the proposal is operable and efficient. We are now waiting to hear from other local authorities who are part of the current arrangements to confirm that they are content for us to proceed; since the proposal does not materially affect their populations, the assumption is that they will be content not to be involved any further in the Northumberland scheme proceedings.

8. The Council is planning to undertake a formal consultation later in the year. As a key stakeholder, the Board's views on the key questions and issues which are likely to be raised by communities and other stakeholders in response to this proposal are sought as part of an 'active listening' phase. The Board's feedback will inform the development of the consultation documents and process.

9. The revenue costs for any extension to the current water fluoridation arrangements will be met from the ring-fenced Public Health Grant and are estimated at £84,557 to £109,924 per annum but could be as high as £182,136. Capital costs are estimated at £2,147,800 and fall to the SoSHSC.

Background

Oral health strategy and action plan

10. 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 and is associated with significant inequalities, yet it is largely preventable. Toothache and the need for dental treatment is one of the main reasons for school absenteeism. The Northumberland Oral Health Strategy and Action Plan (2019 - 2022) was approved and supported by the H&WB on 13 March 2019. Improving oral health is referred to in the new Northumberland Children and Young People Plan.

Reducing inequalities is a core function of the H&WB and a pillar of the Joint Health and Wellbeing Strategy.

11. The oral health strategy and action plan is based on a comprehensive oral health needs assessment undertaken in 2017. The plan itemises 14 actions to be implemented over the 3-year period of its timespan. An update on progress to date is at Appendix 1. An oral health strategy group has been formed to develop monitor and progress the actions. The remainder of this report will focus on the legislative steps required to expand the Northumberland community water fluoridation scheme.

Fluoride and community water fluoridation

12. The first water fluoridation scheme was introduced in the USA in 1945 and there is now extensive coverage by similar schemes, with over 200 million US citizens having a public water supply which has fluoridated water. Following pilot schemes in the UK, the first substantive water fluoridation scheme was in Birmingham in 1964. As at 1 Jan 16, 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 and the West and East Midlands (Scunthorpe, Birmingham and parts Lincolnshire and Nottinghamshire). Over two-thirds of the population of the West Midlands live in an area where the level of fluoride is adjusted.

13. Communities encompassed by the existing scheme in Northumberland include Alnwick, Alnmouth, Howick, Embleton, High Newton-by-the-sea, Seahouses, Haltwhistle, Henshaw, Haydon Bridge, Corbridge, Haddon on the Wall and Prudhoe. North Northumberland is part of the existing community water fluoridation scheme but has not been receiving fluoridated water since the mid-2000s due to infrastructure failure; the restoration of fluoridated water is being progressed by Public Health England (PHE). In the south east of the County, some of the more southern wards receive artificially fluoridated water, whereas those in the east and north of that area (e.g. Ashington) are not part of a fluoridation scheme. As a result, some of Northumberland's least deprived communities are receiving fluoridated water, whereas some of the most deprived communities are not. A map of the current community water fluoridation scheme is attached at Appendix 2. A map showing the proposed variation is attached at Appendix 3.

14. Water fluoridation is the only oral health improvement intervention which is universal in those areas covered by a scheme and that does not require behaviour change by individuals. Return on Investment (RoI) tools suggest that this intervention provides the biggest ROI compared to other oral health improvement programmes. Appendix 4 shows how the proposed variation maps onto our more deprived communities.

Process for varying the Northumberland Community Water Fluoridation Scheme

15. Parliament has given its express consent in the Water Industry Act 1991 to the deployment of water fluoridation as a public health measure, by passing legislation to that end. However, parliament has also decreed that decisions about particular water fluoridation schemes should be made locally, not nationally, and only through a rigorous process defined in legislation. The legislation as it stands prescribes specific roles for and duties of various agencies in all aspects of water fluoridation.

16. 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. Water companies advise on the technical feasibility of schemes and, when

requested to do so by the SoSHSC, implement and operate them in accordance with the legislation and regulations. The SoSHSC determines whether the arrangements which would result from a local authority's proposal for a fluoridation scheme would be operable and efficient. The SoSHSC also funds the capital costs of new schemes. A flow chart describing the due process that must be adhered to is at Appendix 5.

Local Progress

17. The detailed engineering report required to determine whether the proposal is operable and efficient has been completed. The Council has consulted with Northumbria Water Ltd as the provider who has confirmed that the proposal is operable and efficient. The SoSHSC has recently confirmed that, based on the engineering report and the response to the consultation with Northumbria Water Ltd, he considers the proposal operable and efficient. We are currently liaising with the other LAs who are part of the existing arrangements which also cover Northumberland to ask whether they are content for us to proceed. Since this proposal will only affect communities in Northumberland, we anticipate that this step in the process should be completed without incident.

18. The vast majority of people within Northumberland can receive fluoridated water with the exception of six small communities which are supplied from bore holes in the Tyne Valley and those who receive their water from private water supplies (approximately 14,439 people).

19. The revenue cost of the scheme is currently funded from the Public Health grant and the average annual charge is approximately £87,331 per annum but has varied from £66,404 to £138,769. At present, the SoSHSC meets the capital cost of schemes and recovers the revenue (operating) costs from Local Authorities. The installation costs of a single fluoridation facility are significant so a large number of households need to be in each separate water distribution segment to make installation cost-effective.

20. Revenue costs have been modelled at 50p to 65p per head of population. For the additional population covered by the proposal the anticipated extra revenue cost is estimated at between £84,557 and £109,924 per annum but could be as high as £182,136 (based on 18/19 costs). This funding increase can be accommodated through the existing public health grant. Capital costs falling to the SoSHSC are estimated at approximately £2,147,800.

21. There is further discussion to be had with NHS England with regard to their contribution to the revenue costs as the financial benefits gained through the reduction in tooth decay and dental extractions will be seen within the NHS as well as social care. The Prevention Green Paper (July 2019) supports this approach.

22. A summary of the number of households and an estimate of the number of residents who are currently part or not part of an existing or future community water fluoridation scheme is in Table 1.

Table 1. Numbers of households and estimates of residents in areas with community water fluoridation.

| Water status | Number of Households (% of Total Households)^{Note 1} | Estimated number of residents (x2.2 people per household) |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------|
| Fluoridated | 58558 (37.9%) | 128828 |
| Not fluoridated but part of existing Community Water Fluoridation Scheme (North Northumberland) | 12447 (8.1%) | 27383 |
| Total existing scheme | 71005 (46%) | 156211 |
| Proposed | 76870 (49.8%) | 169114 |
| Total proposed scheme | 147875 (95.8%) | 325325^{Note 2} |
| No proposal for fluoridated water | 6563 (4.2%) | 14439 |

Note 1. ONS estimates of the total number of Northumberland households = 154,438

Note 2. The number of residents and households have been calculated by using residential property point data (2019) multiplied by the ONS average number of people per household for the county (2.2). This is an estimate of the number of people who are in the current scheme and the proposed variation. The actual number may be slightly different but this is the best methodology we currently have for calculating the number of residents in water quality zones.

Proposed Next Steps

23. Both the consultation and the subsequent decision-making in relation to the proposal are laid down in legislation.¹ Strategic advice on the consultation process has been commissioned from an independent associate of The Consultation Institute who will also be advising on commissioning a separate independent organisation to deliver and report on the outputs of the consultation. This ensures that the outcome is fair, transparent and independent. As a key stakeholder, the Board's views on the key questions and issues which are likely to be raised by communities and other stakeholders in response to the proposal are sought as part of an 'active listening' phase. The Board's feedback will inform the development of the consultation documents and process. An issues document for stakeholders is in development and will be forwarded when complete.

24. Following the formal consultation, a recommendation will then be brought back to Cabinet for a decision based on the extent of support for the proposal and the strength of the scientific evidence or any ethical arguments put forward; taking into consideration the

¹ The Water Fluoridation (Proposals and Consultation) (England) Regulations 2013.

Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy; considering the capital and operating costs; and considering any other scientific evidence including benefits to health and wellbeing. If the decision is that the Cabinet supports the proposal, then a letter is sent to the SoSHSC to request Northumbrian Water to vary the scheme.

Appendices

1. Northumberland Oral Health Strategy Action Plan (2019 - 2022)
2. Existing Community Water Fluoridation Scheme - Northumberland.
3. Proposed Variation to the Northumberland Community Water Fluoridation Scheme.
4. Map of proposed variation and ward level deprivation.
5. Due process flow chart

Implications

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| Policy | No implications |
| Finance and value for money | <p>The technical appraisal for the proposed variation to the community water fluoridation scheme has been estimated to be approx £2,147,800 million for the capital costs (responsibility of SOSHSC); and approx 50p to 65p per head of population for the revenue costs (£84,557 and £109,924 per annum). Any increases in revenue costs for the Council will be met from the Public Health grant.</p> <p>Should the option to progress be agreed to the next stages there will be costs relating to public consultation which are yet to be determined. Additional capacity to support this programme of work is in place, funded through the grant.</p> <p>RoI tools indicate community water fluoridation provides the biggest RoI compared to other oral health interventions.</p> |
| Legal | <p>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. The legislation is untried and its interpretation influences the legislative process to follow. Legal advice has been taken and the process to be followed errs on the side of caution.</p> |
| Procurement | <p>Independent communications and consultation consultancy will be procured to strategically coordinate and implement the 3 month public consultation should the work progress to this stage. The revenue costs for fluoridation schemes are administered through Public Health England who invoice LAs.</p> |
| Human Resources | <p>Additional capacity to manage the process is in place.</p> |

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| Property | Planning permission may be required for elements of the additional infrastructure required. |
| Equalities (Impact Assessment attached) Yes x No N/A <input type="checkbox"/> | Public health aims to reduce inequalities and improve health outcomes by reviewing public health outcomes data and developing relevant policies, strategies and intentions as appropriate. A specific equality impact assessment has been undertaken as part of the consultation process. |
| Risk Assessment | If the actions within the plan are not progressed the risks to population health are that inequalities will not be reduced and residents will continue to have preventable dental ill health and avoidable treatment. There is an economic and social cost to this. Reputational risk to the LA may arise from challenge by a third party. |
| Crime Disorder & | No implications |
| Customer Consideration | A full and comprehensive consultation will be undertaken with affected residents. |
| Carbon reduction | A carbon increase resulting from an increase in the use of fluoride should be partially or wholly offset by the carbon reduction resulting from lower usage of NHS resources, particularly general anaesthetics. |
| Health and Wellbeing | Water fluoridation is an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow inequalities in dental health. Water fluoridation is one component of a multiple oral health action plan. |
| Wards | Specific wards affected by the proposal will be identified as part of the consultation process |

Background papers

None

Report sign off

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| | Full Name of Officer |
| Monitoring Officer/Legal | Liam Henry |
| Director Finance & S151 Officer | Chris Hand |
| Relevant Executive Director | Cath McEvoy-Carr |
| Chief Executive | Daljit Lally |
| Portfolio Holder(s) | Veronica Jones |

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Appendix 1

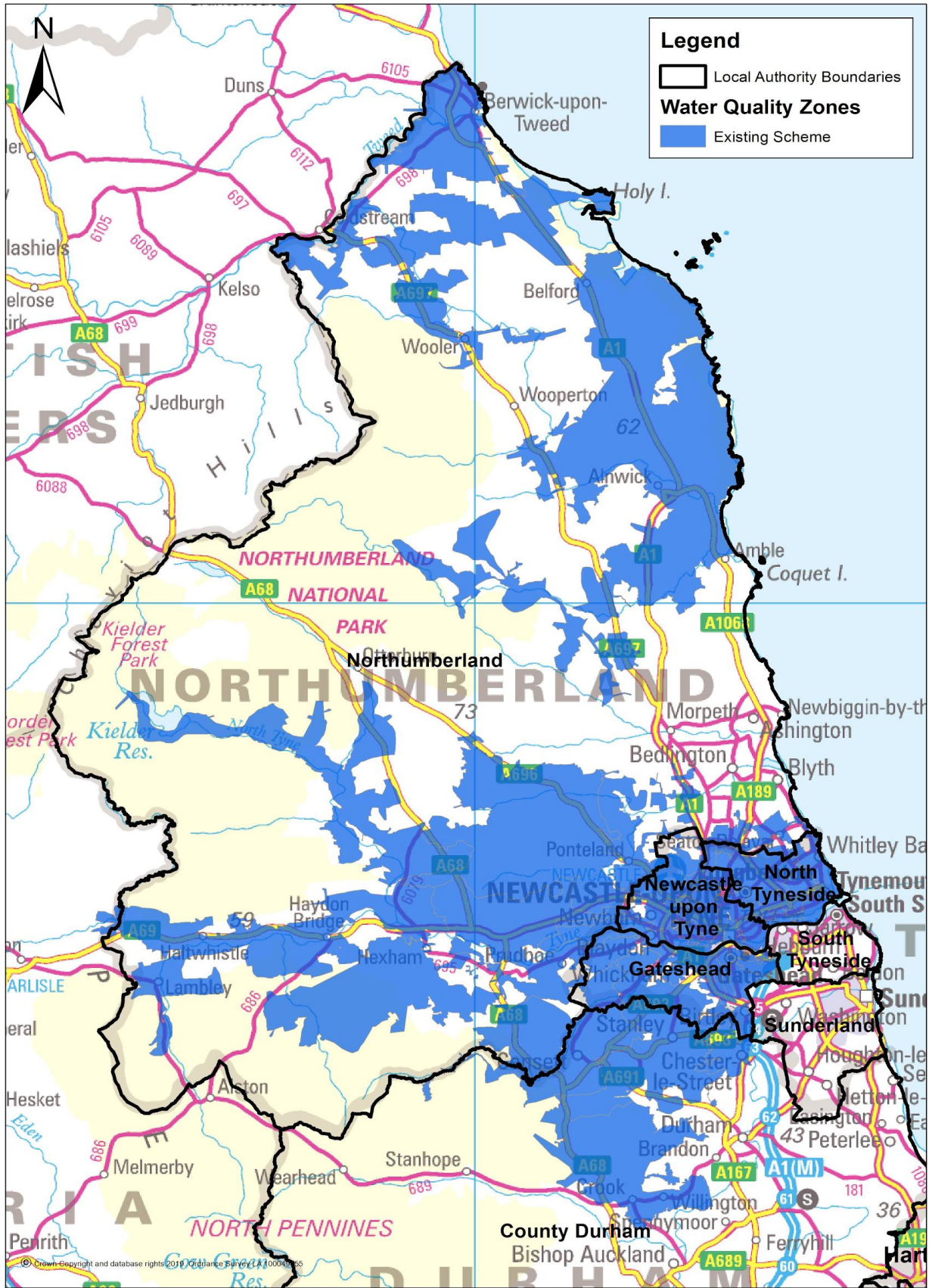
Update Against Oral Health Action Plan recommendations

| Giving every child the best start in life | |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Consideration to be given to extending the existing community water fluoridation scheme in order to protect those communities at highest risk of dental decay. Action: NCC |
| | Progress: Northumbrian Water detailed engineering report complete. Confirmation received from Northumbrian Water that the proposal is operable and efficient. Agreement from SoSHSC that scheme is operable and efficient. Listening phase and consultation in planning stage. |
| 2. | Explore the feasibility of targeted provision of toothbrush and toothpaste packs by health visitors at the 6 month and 2 year checks in those areas of greatest need (i.e. those areas with the highest decay and general anaesthetic rates). Action: NCC Public Health |
| | Progress: Mandated checks by Health Visitors are at newborn, 12 months and 2½ years. Health Visitors also do a non-mandated check at 3-4 months. All checks include an oral health element, need to agree content. Proposal to be developed regarding acquiring toothbrushes and toothpaste. Explore feasibility of other staff engaging with this action. Consider targeting to areas in most need. |
| 3. | Ensure that community midwives, health visitors, social care staff and others in early years settings promote messages regarding the reduction of consumption of sugary drinks and the promotion of water as the drink of first choice. Clear and consistent messages to be delivered in health promotion and health education work with families and young children. Action: Children and Young People's Strategic Partnership (CYPSP) |
| | Progress: Oral health training forms part of the Integrated Wellbeing Service (IWS) commissioned by Northumberland County Council Public Health (NCC PH) team. Health Education England (HEE) offer training and resources to workforce. IWS currently accesses HEE for oral health training and is soon to be cascading training via workbook. <ul style="list-style-type: none"> ● IWS will target children and young people workforce and log interest in the workbook. ● Oral health is included in the Ageing Well training programme. ● Better Health at Work Award (BHAWA) includes oral health standards. |
| 4. | Health visitors, midwives and early years settings to ensure that breastfeeding advice and support also includes messages regarding oral health promotion. Action: NCC Public Health/Northumbria Trust |
| | Progress: NCC PH will raise oral health issue at the Northumbria Breastfeeding meeting. Links with UNICEF accreditation. Review current practice and decide specific action. HEE support with training and resources links. |
| 5. | Breastfeeding policy to be reviewed to ensure that issues relating to early childhood caries are addressed. Action: NCC Public Health/Northumbria Trust |
| | Progress: Both Council and Trust policies acquired. Oral health links with breast feeding not explicitly referenced, both policies due for review in 2021. Through policy, Northumberland County Council encourages and supports staff members to breastfeed their babies, including upon their return to work and supports the Department of Health recommendation for mothers to breastfeed for six months and to continue breastfeeding for at least a year. The policy is based on the UNICEF UK Baby Friendly Initiative standard, relevant NICE guidance and the Healthy Child Programme. |

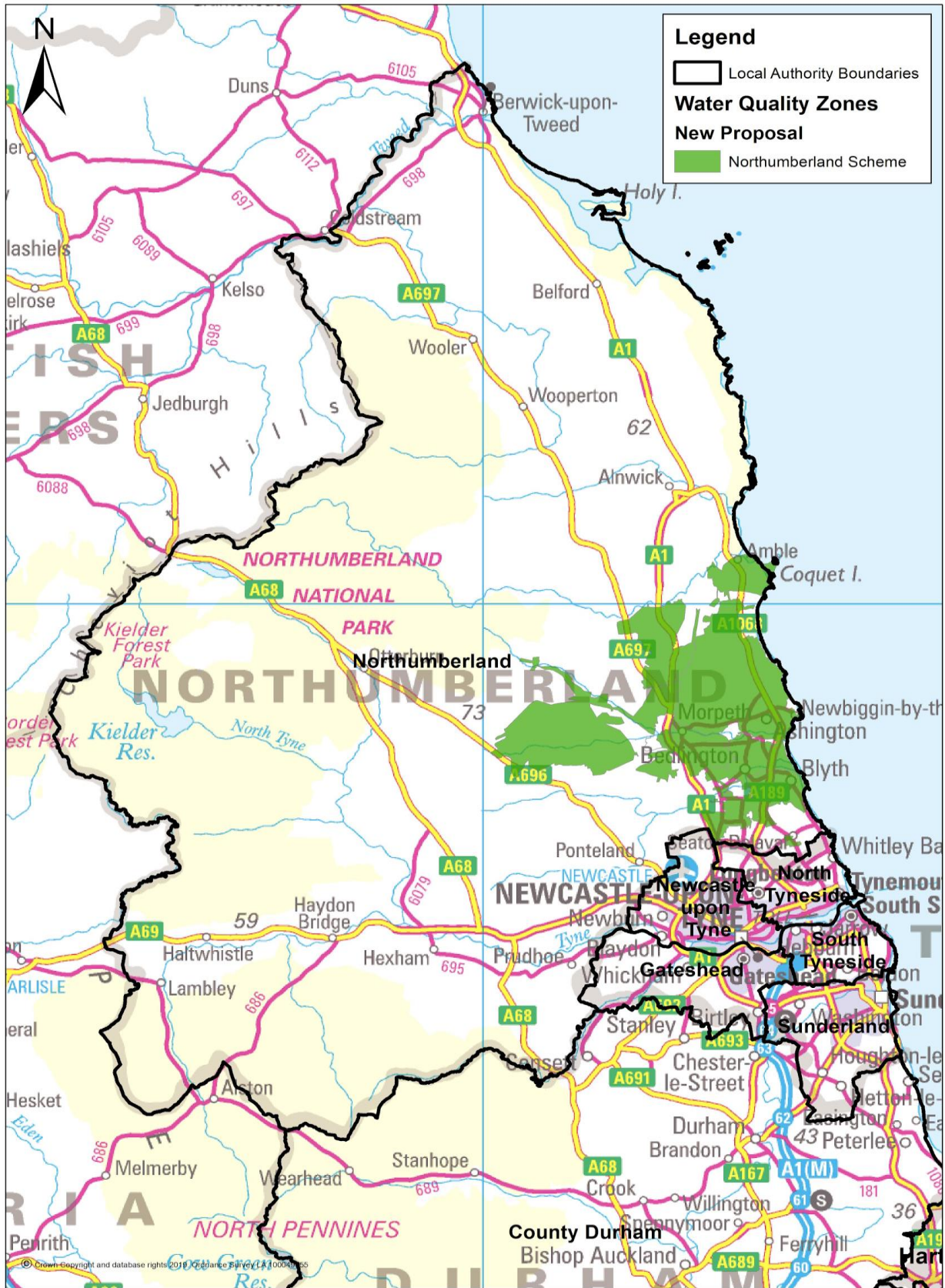
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| 6. | Work with Newcastle University Dental School to explore opportunities for supervised brushing in those areas with the highest risk of dental decay. Action: NCC Public Health |
| | Progress: The Newcastle Dental School 'Brush up' programme is student led and only takes place in Newcastle schools. Propose to alter this action, removing the reference to Newcastle Dental School. There is a new requirement from Sept 2019 for Foundation Year dentists working in community practice to undertake an oral health project. HEE have shared participating practice sites and we will gauge interest in FYD supervised brushing in targeted dental practices. HEE support with general training which could cover toothbrushing information. |
| Improving the oral health of older people | |
| 7. | Support residential care settings to improve the oral health of their residents. This should include the introduction of an Oral Health Lead in every residential care setting and compliance with NICE guidelines and quality standards on oral health for adults in care homes. Action: Adult Social Care Services |
| | Progress: Older Persons Care Home contract outlines expectations regarding service user access to dentistry. Consideration of recommendations made in CQC 'Smiling Matters. Oral Health Care in Care Homes' report. Explore PCN enhanced offer. HEE can offer support via training, policy development and resources for denture marking. |
| 8. | NHS England review of domiciliary dental care to be considered by the Northumberland Health and Wellbeing Board with a view to identifying actions for the Northumberland system. Action: NHSE/Northumberland HWB |
| | Progress: Await publication of NHSE review, expected Autumn 2019. Publication not yet available. To be considered by NHWB when published. |
| Service development and commissioning | |
| 9. | Ensure that oral health improvement is considered as a component of all commissioned services for children and older people. Action: CYPSP/NCC Adult Social Care Services/NHS Northumberland CCG |
| | Progress: To be actioned by commissioners following discussion at the Implementation Group (see action 13). Consider appropriate interpretation of this recommendation (eg brief advice at appropriate times/MECC etc). Link with Better Health at Work Award (BHAWA) oral health module. |
| Partnership working | |
| 10. | Ensure that the local Making Every Contact Count approach encompasses oral health considerations. Action: NCC Public Health |
| | Progress: Discussions underway to include oral health messages in MECC regional and local training. Content to be developed. Proactive targeting of MECC training to dental practitioners to be explored as part of the overall MECC plan, with support from HEE. |
| 11. | Through the Northumberland Cancer Strategy, encourage partners to work together to increase awareness in Northumberland residents of oral cancer and the risk factors associated with it, especially for those most at risk (e.g. smokers, those drinking more than 25g alcohol per day and those at increased risk of exposure to Human Papillomavirus). Action: NHS Northumberland CCG |
| | Progress: Further actions to be identified. CCG are invited to the Implementation Group. NCC Public Health team commissioned Stop Smoking Service - targeting training for dentists. HEE training support. |
| 12. | Work with partners to improve the availability of robust data to enable accurate assessment of oral health in Northumberland (this should include arrangements to access data from private dental providers). Action: NCC Public Health |
| | Progress: Data from private dental providers is not currently available. NCC Public Health is investigating a number of avenues: |

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| | <ul style="list-style-type: none"> ● Accessing info from NHS Business Authority/Prescription Service. ● Dental access data has been mapped by age, gender, MSOA and ward on numbers of people receiving treatment. Data current for 24 months up to March 2016. Mapped by rates per 1000. ● NCMP data to be linked with dental datasets ● SHAPE Atlas Tool now includes dental access data. ● Data on oral health from 'red book' |
| 13. | Undertake regular monitoring and review of the oral health plan to demonstrate progress and determine any additional actions required. Action: Northumberland HWB |
| | Progress: PH staff brief DPH regularly. An Oral Health Strategy and Action Plan implementation group has been formed with key stakeholders and first meeting held. A detailed action plan is being produced with timescales and metrics. |
| 14. | Work with schools to promote good oral health and develop an oral health promotion campaign. Action: Education services; NCC Public Health |
| | Progress: Education and Public Health will work together to present oral health promotion and campaign possibilities to Headteachers. Planning for a Spring 2020 input. Oral Health lesson plans have been circulated via e-Courier, will revisit. |

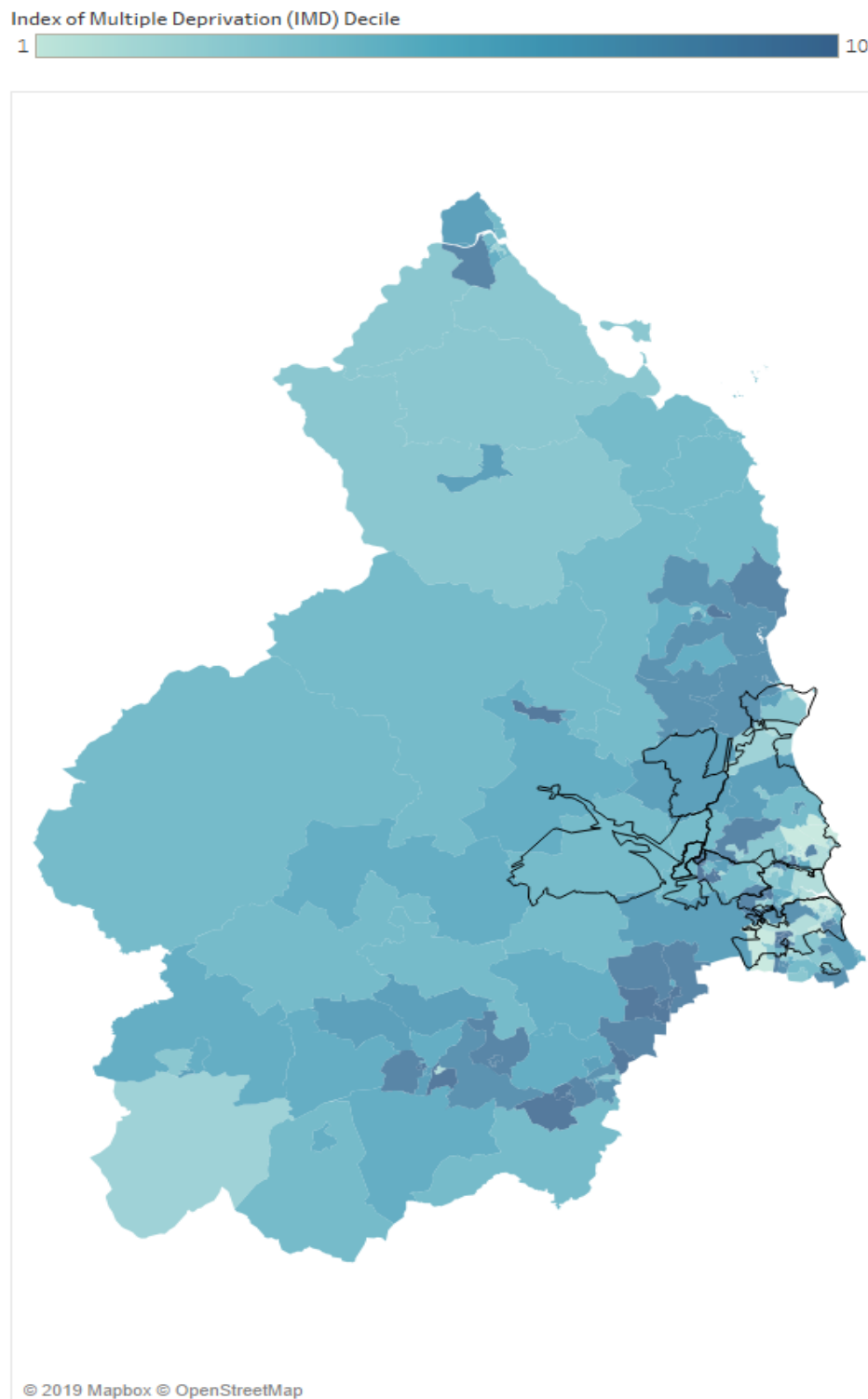
Existing Community Water Fluoridation Scheme - Northumberland



Proposed Variation to the Northumberland Community Water Fluoridation Scheme

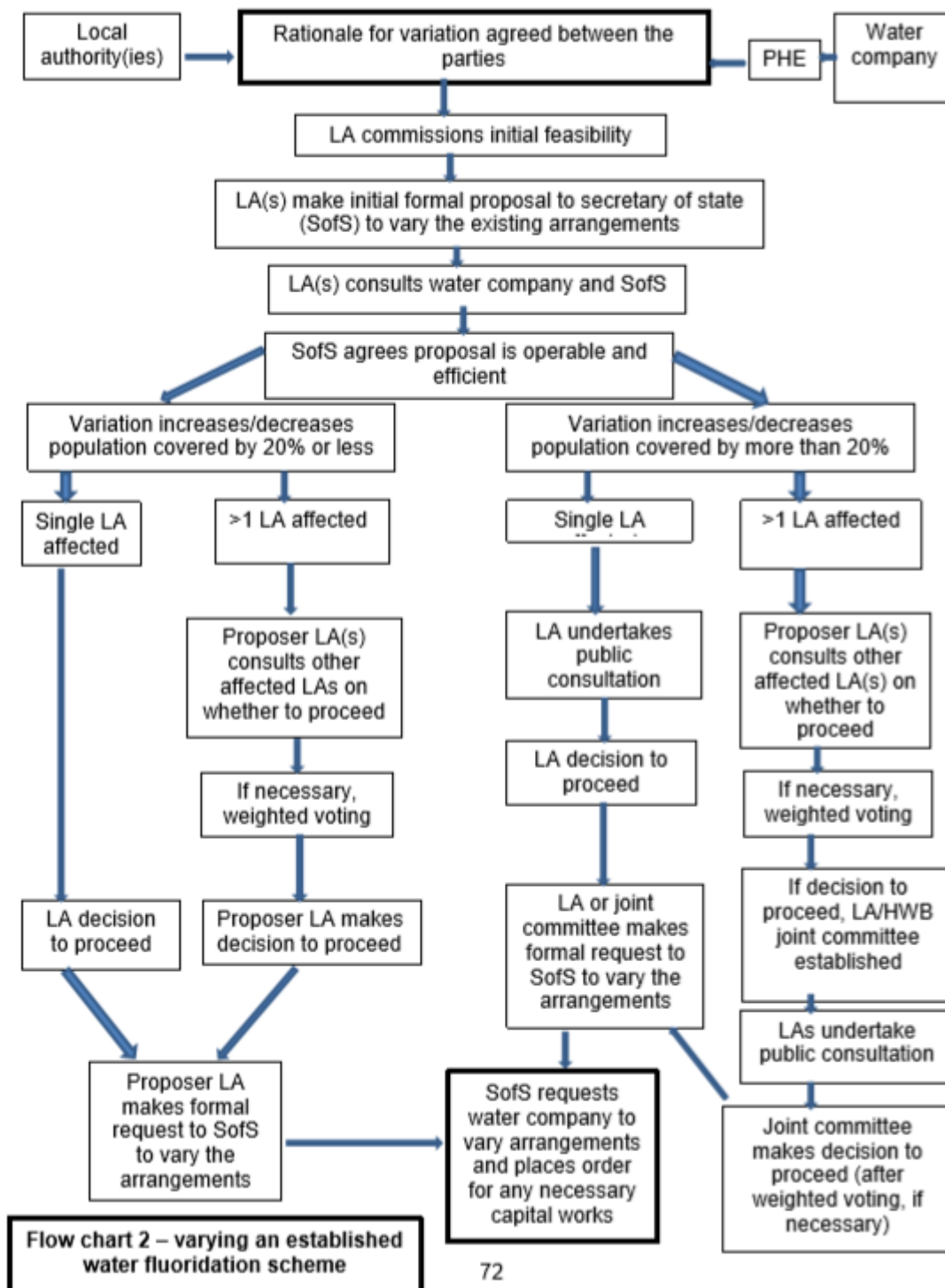


Map of proposed variation and ward level deprivation (see Note)



Note. IMD 1 (pale blue) are the most deprived communities and IMD 10 the least deprived.

Due Process Flow Chart



Issues document for 'active listening' phase stakeholders (to follow)