

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

At the meeting of the **Health and Wellbeing Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 14 March 2019 at 10.00 a.m.

PRESENT

Councillor R.R. Dodd
(Chairman, in the Chair)

BOARD MEMBERS

Brown, S.	Mead, P.
Daley, W.	O'Neil, S (substitute member)
Jones, V.	Riley, C. (substitute member)
Reiter, G. (substitute member)	Thompson, D.
Lothian, J.	Shovlin, D.
Morgan, E.	Wardlaw, C.

ALSO IN ATTENDANCE

Gray, L.	Public Health Speciality Registrar
Todd, A.	Democratic Services Officers

One member of the public was also in attendance.

47. APOLOGIES FOR ABSENCE

Apologies for absence were received from V. Bainbridge, C. Briggs, Councillor S. Dickinson, R. Firth, Councillor P.A. Jackson, D. Lally, J. Mackey, C. McEvoy-Carr and G. O'Hare.

48. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 February 2019, as circulated, be confirmed and signed by the Chairman.

49. ITEMS FOR DISCUSSION

Reports of Executive Director of Adult Social Care & Children's Services

50.1 New Adult and Children's Safeguarding Arrangements

Members of the Health and Wellbeing Board were provided with an overview of the proposed new safeguarding arrangements which would replace the current Local Safeguarding Children Board as outlined in Working Together 2018 and provided with an overview of the Early Adopter work across Tyne and Wear. (Report filed within the signed minutes as Appendix A).

G. Reiter, Service Director - Children's Social Care advised all that from September 2019 there was no requirement for local areas to have a Local Safeguarding Children Board in accordance with the changes introduced in Working Together 2018. The new statutory guidance had introduced the concept of safeguarding partners who had equal responsibility for ensuring effective and appropriate safeguarding arrangements were in place in the local area. Northumberland, along with the other five local authorities, four CCG's in the Tyne and Wear area as well as Northumbria Police had been working collaboratively to develop arrangements in the region under the Early Adopter pilot framework.

A small steering group was currently working across Tyne and Wear with all of the safeguarding partners to help to progress this. It was anticipated that there would remain a board of professionals who would meet to ensure the delivery of the new arrangements on a local level but this would be supported by a Strategic Safeguarding Forum made up of senior representatives from the three safeguarding partners and this would lead to shared priorities and delivery efficiencies across a wider footprint. It was reported that the pilot was due to report back to the Department for Education in June with an outline of the plans for both local arrangements as well as the regional proposals.

Paula Mead, Northumberland Safeguarding Boards Chairman confirmed that the Safeguarding Boards in their current form would continue until September 2019. Further work was needed to detail the local arrangements and an away day session for the Northumberland Safeguarding Children Board was planned for March.

It was suggested that an update on the arrangements be brought back to the Health and Wellbeing Board once the proposals had been submitted to the Department of Education in June.

RESOLVED that:-

- (a) The proposed plans be noted.
- (b) An update on the safeguarding arrangements be brought back to the Health and Wellbeing Board once the outline of the plans have been submitted to the Department of Education.

50.2 Draft Northumberland Oral Health Strategy and Action Plan 2019-2020

L. Gray, Public Health Speciality Registrar shared the draft Northumberland Oral Health Strategy and Action Plan with the Board and sought input and approval. (Report filed with the signed minutes as Appendix B).

Members received a powerpoint presentation on the draft Strategy and Action Plan (a copy of which was filed with the signed minutes) which highlighted:-

- The importance of oral health as part of the overall health and wellbeing of individuals.
- Poor oral health had a significant impact on many aspects of an individual's life and lifelong implications.
- Poor oral health could cause pain, issues with self esteem, difficulties in eating and speaking, and it could affect school-readiness and lead to lost productivity in terms of missing school or work due to the pain and seeking treatment. It could also be a sign of a child safeguarding issue.
- Oral health was a key public health issue because of its prevalence and impact on individuals and society. Dental care costs the NHS £3.4 billion a year, including over £50m for removing decayed teeth in children.
- Tooth decay was largely preventable, but affected a significant proportion of the population and there were inequalities in its distribution.
- Dental decay was the most common non-communicable disease worldwide. Oral diseases shared common risk factors with several other key public health diseases.
- Overall, oral health in England and within Northumberland was improving.
- The oral health of Northumberland children was better than the England and North East average; however there were pockets of inequalities and areas of greater need.
- The number of 5 year olds free from obvious dental decay had decreased. However, the number of children by the age of 12 with dental decay was the highest in the region based on the most recent survey.
- Children in Northumberland had the highest rate of general anaesthetics for tooth extractions in the North East.
- Generally, the oral health of adults in Northumberland was good.
- Access to dental care was higher than the England average, but there were still considerable numbers of the population who did not visit a dentist regularly and there were geographic inequalities in uptake.
- There were already several local initiatives to improve oral health e.g. sessions delivered by the 0-19 service, health promotion advice delivered by NHS dental services and targeted fluoride varnish treatment.
- In the North East, the lowest rates of decay were seen in areas with fluoridated water (either natural or artificial).
- The Oral Health Strategy and Action Plan would endorse four strategic priority areas to improve oral health across the county, particularly targeting those areas experiencing the worst oral health outcomes.

Following on from the presentation a number of comments were made, which included:-

Ch.'s Initials.....

It was noted that the Health and Wellbeing Board had agreed to support the proposal of an extension of the current water fluoridation scheme at a previous meeting. In Northumberland, only 43 per cent of people had fluoridated water, but the process for introducing it in other areas was complex and required approval from the Secretary of State. It was noted that work had been taking place on this possible extension. It was confirmed that the final version of a feasibility study from Northumbrian Water was due to be received by Public Health. This was the next stage in the process to inform any decision making process on extending the fluoridation scheme. It was suggested the feasibility study be considered at a future meeting of the Health and Wellbeing Board.

It was noted that in the North East, the lowest rates of dental decay in children were found in areas with fluoridated water, whether natural or artificial, because while a lack of it did not cause decay, fluoride increased the tooth's resistance against the effects of frequently consumed sugar. There was also evidence that water fluoridation was associated with improved outcomes such as reduced levels of child hospital admission for tooth extraction. However it was noted that there were groups opposed to water fluoridation schemes.

Members were advised that a Public Health England study showed that every £1 invested in water fluoridation would bring a £12.71 return after five years, far higher than other programmes such as fluoride varnishing or posting/handing out toothbrushes and toothpaste.

Members agreed that a publicity campaign around oral health was needed to reaffirm the message that dental treatment for people in receipt of benefits and for all children under the age of 16 was free. It was suggested health partners such as pharmacies could also help re-educate people on which groups were entitled to free NHS dental treatments.

Members were advised of Leicester City Council's early intervention programme 'Healthy Teeth, Happy Smiles!' The strategy adopted a population and targeted approach to improving oral health and ensured a mixture of evidence-based dental public health interventions. Leicester's programme had been a success and other authorities had adopted the approach. It was noted that Gateshead City Council had been one of them. Gateshead had developed public health programmes aimed at raising awareness of the dental care needs of children. School nurses had been approached to promote oral health and dental registration in Gateshead schools. It was suggested that officers approach Gateshead City Council to share thoughts about how to raise awareness of dental care in Northumberland.

Members were made aware of the Dental School's Brush-up team. The Brush-up team were a group of dental student volunteers who offered schools interactive events and activities covering oral health and dietary advice, as well as information on careers in Dental and Oral Health. It was suggested Northumberland schools could utilise this service to further promote oral health; this was already in the action.

Overall the Board agreed that officers needed to move forward with the proposed extension of the current water fluoridation scheme. Members reaffirmed their

continued commitment in bringing water fluoridation to the whole of the county and hoped this could be achieved promptly.

RESOLVED that:-

- (a) The contents of the report and comments made be noted.
- (b) The Northumberland Oral Health Strategy and Action Plan be agreed and supported.
- (c) Officers examine oral health initiatives taking place in other areas and work with all health partners to develop the Northumberland Oral Health Strategy further.
- (d) A communication and Engagement exercise take place to promote oral health to all.
- (e) Members continue to support the work taking place to extend the current water fluoridation scheme and for the board to receive regular updates on progress made.

51. HEALTH AND WELLBEING BOARD - WORK PROGRAMME

E. Morgan presented the Health and Wellbeing Board Work Programme (a copy of the programme has been filed with the signed minutes as Appendix C).

It was advised that the following reports would be deferred from the April meeting:-

- Public Health Annual Report
- Healthcare Needs Assessment on co-existing mental illness and substance abuse

RESOLVED that the Work Programme be noted.

The Chairman announced that this was to be David Shovlin's last meeting as Vice-Chair of the Health and Wellbeing Board and as the Clinical Director of Primary Care. Members of the Health and Wellbeing Board extended their thanks to David for his contribution and wished him well for the future including spending more time in general practice. It was noted that Graham Syers would be taking over David's role and the Health and Wellbeing Board looked forward to seeing him at their next meeting.

CHAIRMAN _____

DATE _____