



# Northumberland

## County Council

Health and Wellbeing Overview and Scrutiny Committee

3RD MARCH 2020

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### Update on Northumberland Oral Health Strategy

**Report of:** Director of Children's Services and Adult Social Care

**Cabinet Member:** Cllr Veronica Jones, Adult Health and Wellbeing

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#### **Purpose of the Report**

1. To provide members of the Health and Wellbeing Overview and Scrutiny Committee (OSC) with an overview of progress with the Northumberland oral health strategy action plan; describe the legal process required to vary the existing community water fluoridation scheme and progress to date; and to seek the views of OSC on any issues and concerns that should be considered as part of the formal public consultation to vary the scheme.

#### **Recommendations**

2. It is recommended that the committee:
- a. Note progress with the Northumberland oral health strategy action plan ;
  - b. Confirm that assurance has been provided that the correct processes to vary the community water fluoridation scheme have been applied;
  - c. Highlight any issues or concerns that may be raised by affected communities that should be addressed as part of the community water fluoridation consultation.

#### **Link to Corporate Plan**

3. 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**

4. The Northumberland oral health strategy and action plan was presented to and supported by the Health and Wellbeing Board at its meeting on 14 March 2019. The

strategy is underpinned by a comprehensive oral health needs assessment which made a number of evidence based recommendations.

5. One of the most cost-effective and universal interventions to improve oral health and reduce inequalities is community water fluoridation. Northumberland has an existing scheme which has been in place for over 50 years and which the council is seeking to vary to encompass more communities in the South East. There is an untried legislative process in place to vary water fluoridation schemes and the Cabinet agreed at the meeting on 14th October 2019 that the next legislative step could be taken which was to consult with the Secretary of State for Health and Social Care (SoSHSC). Cabinet also agreed that subject to that confirmation, the council would continue with the legislative process up to and including public consultation.

6. Prior to commencing the formal public consultation, OSC will wish to be assured that the legislative process is being followed appropriately. Based on presentations to be made at the meeting and the background information encompassed in the Cabinet report (see Appendix 1), OSC's concerns and views as individual members or as representatives of the communities which will be affected by the proposal will be used to inform the consultation strategy and ensure that these are included in the supporting documentation. It is intended that OSC will also be part of the formal consultation process.

## **Background**

7. The background to community water fluoridation and the evidence of its effectiveness is encompassed in the Cabinet report at Appendix 1. Since that report, the SoSHSC has confirmed that the proposal outlined in the report is operable and efficient. This has enabled the council to take the next step which is to approach the LAs who are also part of the existing arrangements (Cumbria County Council, Durham County Council, North Tyneside Council, Newcastle City Council and Gateshead Council) to ask whether they are content for Northumberland County Council to proceed with the proposal and whether they wish to be part of those proceedings. Since the proposal does not affect any residents other than those in Northumberland, it is unlikely they would wish to be involved and the council is currently waiting for responses to confirm that that is the case.

8. The oral health action plan has also progressed since the Cabinet meeting last October and an updated action plan is attached at Appendix 2.

9. Both the consultation and the subsequent decision-making in relation to the proposal are laid down in legislation.<sup>1</sup> 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 Committee'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 Committee's feedback will inform the development of the consultation documents and process.

10. This proposal will be brought back to OSC as part of the formal consultation process. 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

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<sup>1</sup> The Water Fluoridation (Proposals and Consultation) (England) Regulations 2013.

of the scientific evidence or any ethical arguments put forward; taking into consideration the 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. Health and Wellbeing OSC will also be part of that decision making process. 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. Cabinet Report dated 8th October 2019. Oral Health Strategy Update. Available from: [http://committeedocs.northumberland.gov.uk/MeetingDocs/44191\\_M9490.pdf](http://committeedocs.northumberland.gov.uk/MeetingDocs/44191_M9490.pdf)
2. Updated Northumberland Oral Health Strategy Action Plan.

## **Implications**

<b>Policy</b>	No implications
<b>Finance and value for money</b>	<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>Rol tools indicate community water fluoridation provides the biggest Rol compared to other oral health interventions.</p>
<b>Legal</b>	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.
<b>Procurement</b>	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.
<b>Human Resources</b>	Additional capacity to manage the process is in place.
<b>Property</b>	Planning permission may be required for elements of the additional infrastructure required.
<b>Equalities</b>	Public health aims to reduce inequalities and improve health outcomes by reviewing public health outcomes data and developing relevant policies, strategies and intentions as

(Impact Assessment attached) Yes x No N/A <input type="checkbox"/>	appropriate. A specific equality impact assessment has been undertaken as part of the consultation process.
<b>Risk Assessment</b>	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.
<b>Crime &amp; Disorder</b>	No implications
<b>Customer Consideration</b>	A full and comprehensive consultation will be undertaken with affected residents.
<b>Carbon reduction</b>	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.
<b>Health and Wellbeing</b>	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 an oral health action plan.
<b>Wards</b>	Specific wards affected by the proposal will be identified as part of the consultation process

### **Background papers**

None

### **Report sign off**

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

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**Updated Northumberland Oral Health Strategy Action Plan.**

<b>Giving every child the best start in life</b>	
<b>1</b>	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
	<b>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. Awaiting response from affected LAs that they are content for us to proceed and do not wish to be involved in the proceedings. Listening phase and consultation in planning stage.</b>
<b>2.</b>	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
	<b>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. Proposal to be developed regarding implementing targeted toothbrushes and toothpaste. Explore the feasibility of other staff engaging with this action.</b>
<b>3.</b>	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)
	<b>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) offers training and resources to the workforce. IWS currently accesses HEE for oral health training and is soon to be cascading training via workbook.</b> <ul style="list-style-type: none"> <li>• IWS will target children and young people workforce and log interest in the workbook.</li> <li>• Oral health is included in the Ageing Well training programme.</li> <li>• Better Health at Work Award (BHAWA) includes oral health standards.</li> </ul>
<b>4.</b>	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
	<b>Progress: NCC PH will raise oral health issues at the Northumbria Breastfeeding meeting. Links with UNICEF accreditation. Review current practice and decide specific action. HEE support with training and resources links.</b>
<b>5.</b>	Breastfeeding policy to be reviewed to ensure that issues relating to early childhood caries are addressed. Action: NCC Public Health/Northumbria Trust
	<b>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.</b>
<b>6.</b>	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
	<b>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.</b>  <b>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.</b>
<b>Improving the oral health of older people</b>	

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
	<b>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.</b>
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
	<b>Progress: Await publication of NHSE review. To be considered by H&amp;WB when published.</b>
<b>Service development and commissioning</b>	
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
	<b>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.</b>
<b>Partnership working</b>	
10.	Ensure that the local Making Every Contact Count approach encompasses oral health considerations. Action: NCC Public Health
	<b>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.</b>
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
	<b>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.</b>
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
	<b>Progress: Data from private dental providers is not currently available.</b> <b>NCC Public Health is investigating a number of avenues:</b> <ul style="list-style-type: none"> <li>• Accessing info from NHS Business Authority/Prescription Service.</li> <li>• 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.</li> <li>• NCMP data to be linked with dental datasets</li> <li>• SHAPE Atlas Tool now includes dental access data.</li> <li>• Data on oral health from 'red book'</li> </ul>
13.	Undertake regular monitoring and review of the oral health plan to demonstrate progress and determine any additional actions required. Action: Northumberland HWB
	<b>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.</b>
14.	Work with schools to promote good oral health and develop an oral health promotion campaign. Action: Education services; NCC Public Health
	<b>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.</b>

