Report of the Consultant in Dental Public Health, Yorkshire and Humber Public Health England on behalf of the Director of Public Health and Adults

1. Links to the Health and Wellbeing Board Strategy Outcomes
   
   This links to all of the Health and Wellbeing Strategy outcomes with a particular focus on Outcome 1 – The best start in life.

2. Purpose of the Report and Summary

   The purpose of this paper is to seek the support of the Board for the development of a Hull City Council Oral Health Improvement Strategy, with a view to improving and reducing inequalities in oral health across the city. This includes:

   - presenting the key issues relating to the Council’s dental public health responsibilities, as highlighted in the North Yorkshire and Humber Oral Health Needs Assessment (OHNA)
   - presenting options for oral health improvement programmes focused on improving tooth decay levels in children which aim to optimise exposure to fluoride
   - seeking agreement to the establishment of the Oral Health Advisory Group, and the principles of the groups’ draft Terms of Reference.
   - seeking agreement that the Board will liaise with the 'Hull Children, Young People and Families Board' to ensure oral health is a priority

   The approach supports the Council’s statutory dental public health responsibilities and guidance documentation (NICE2014; LGA 2014 and PHE 2014). These essential steps will ensure that, in the long term, Hull City Council effectively commissions an evidence based, more integrated, fit for purpose service, based on the needs of the population.

3. Recommendations

   After consideration of the key issues relating to the Council’s dental public health responsibilities, as highlighted in the North Yorkshire and Humber OHNA, it is recommended that the Board:
(i) Agrees to establish an Oral Health Advisory Group (OHAG) and agrees the core principles of the Terms of Reference (see Appendix 1), including governance and accountability arrangements and appointment of the Chair.

(ii) Notes the findings of the OHNA and agrees the framework for development of an Oral Health Improvement Strategy (the draft of which will be presented to the Board in May 2015 prior to full consultation) to inform the effective commissioning of dental public health services to meet the needs of the local population and support improvements in oral health in the city. Development of the strategy will consider the range of evidence based options (including water fluoridation) to improve tooth decay levels in children.

4. **Background**

The total annual budget allocated for dental public health services (oral health improvement and oral health surveys) in 2015-16 is £64,000, of which £10,000 is ring fenced for commissioning of oral health surveys. Currently, City Healthcare Partnership CHCP – Dental Services are commissioned to provide these services within the contract that was novated to the Council. That contract expires on 31 March 2015, however, by a separate decision record the Portfolio Holder has extended a suite of services provided by CHCP including this service to 30 September 2015.

A number of key steps are required to be undertaken to facilitate the development of an updated Oral Health Improvement Strategy, including completion of the North Yorkshire and Humber OHNA, update of the Joint Strategic Needs Assessment – oral health section and establishment of the Oral Health Advisory Group. The OHNA will highlight the key issues and help to inform the future development of high quality, evidence based and outcome focused oral health improvement services across North Yorkshire and Humber. The current Hull PCT Oral Health Improvement Strategy was due to be updated in 2012. However the key actions to improve people’s oral health in the City remain and are optimising exposure to fluoride, eating a healthy diet that is low in sugary foods and drinks and avoiding tobacco and excessive alcohol consumption.

Whilst children’s oral health has improved over the last past 20 years nationally, recent local data for Hull show that tooth decay continues to be the main oral health problem affecting children. Approximately 43% of local 5 year old children experience tooth decay, which is higher than the regional (33.6%) and national figure (27.9%). In Yorkshire and Humber, children living in the most deprived areas have average tooth decay levels that are over three times higher than those living in the least deprived areas. The main risk factors for tooth decay are diets high in sugars and lack of exposure to fluoride. The services currently commissioned to help address these issues are:

- A supervised fluoridated tooth brushing programme in 59 schools and nurseries in Hull, targeting children between 3 -11 years old (Brush Bus)
- City wide oral health resource box programme targeting nurseries and primary schools in Hull.
- Oral health training of staff working in early years and educational settings
- Support of national public health campaigns to raise awareness of oral health and contribute to improving both general and oral health
Optimising exposure to fluoride is a key priority to support improvements in tooth decay levels in children living in Hull.

a) **Brush Bus** - CHCP deliver an extensive programme of supervised daily tooth brushing in 54 nursery and primary schools, targeting children aged between 3-11 years old (Brush Bus) and 4 special schools targeting children between 3-18 years. The programme was first set up in 2007 and was commissioned by Hull PCT. The extent of the current programme across year groups differs between primary schools. To ensure effective commissioning, a service specification has been in place since April 2013 and details the requirements of this programme including performance measures. A process to support robust contract monitoring has not been established and formal evaluation of the programme has not been completed.

b) **Team Teeth** - a collegiate of three dental practices in partnership with a dental product supply company, BP Chemicals and a dental software company deliver a similar programme to 30 nurseries and schools across Hull. The programme extends to all year groups in each school.

Neither programme includes children being provided with toothbrushes and toothpaste for home use.

A comprehensive review of the supervised tooth brushing programmes in Hull is planned for early 2015, ensuring that the programme is based on the evidence of implementation for maximum health improvement outcome.

There is a desire within Hull City Council to explore the possibility of water fluoridation as an option to address tooth decay in the city. It is considered essential that this option is considered in the light of the findings of the OHNA and the establishment of the OHAG in line with NICE, PHE and LGA guidance to support the development an Oral health Improvement Strategy. It is understood that water fluoridation is a population level intervention and would need to be considered in the context of local needs and the range of alternative programmes as referenced to in Commissioning Better Oral Health (including those targeted at groups at high risk of tooth decay).

5. **Issues for Consideration**

In light of the Council’s statutory dental public health responsibilities, the NY & H OHNA highlighted the following key issues which Hull City Council may wish to consider the following:

**Oral Health Improvement:**

- Ensure that oral health needs are considered in the JSNA and H&WB Strategy.
- Make improvements to programme quality assurance.
- Review oral health improvement programmes in line with ‘Commissioning Better Oral Health’ and guidance issued in 2014 by LGA and NICE.
- Complete additional work to ensure the oral health needs of more vulnerable groups in Hull are understood.
- Ensure programmes effectively support improving the oral health of more vulnerable adults.
- Ensure a combination of evidence based universal and targeted activities are in place to support reducing inequalities in oral health.
• Integrate oral health improvement into existing commissioned programmes.
• Ensure evaluation is an integral part of all oral health improvement.
• Ensure the updated oral health improvement strategy is based upon available evidence and good practice that address local needs and reflect the principles of Commissioning Better Oral Health and NICE guidance.
• Consider the case for water fluoridation in the context of local needs and the range of oral health improvement programmes currently commissioned and with reference to Commissioning Better Oral Health and NICE guidance.
• Consider engaging with partners integrating commissioning across organisations and across bigger footprints to support the efficient management of limited resources.
• Explore using cost benefit analysis tools to evidence effective use of resources to support improvements in oral health

**Oral health surveys:**

• Continue to commission oral health surveys which include measures to support the public health outcomes framework (2013-16) which includes “tooth decay in five-year-old children” as an outcome indicator.
• Establish robust performance monitoring arrangements to ensure that the survey is completed in line with the national protocol.
• Increase consent rates and sample sizes to provide reliable data to support the planning and evaluation of dental services and oral health improvement programmes in Hull.

The priorities for the Council’s Oral Health Improvement Strategy should include:

• Optimising exposure to fluoride
• Working in partnership to improve oral health
• Promotion of a healthy diet low in sugary food and drink
• Smoking cessation and reducing alcohol consumption
• Delivering health promoting policies and implementation of Delivering Better Oral Health
• Improving access to dental services

6. **Next steps**

The Board is asked to confirm that it will:

(i) Note the findings of the NY & H OHNA
(ii) Support the establishment of the Hull Oral Health Advisory Group and agree the core principles of the Terms of Reference of the group, governance and accountability arrangements to the Health and Wellbeing Board and appointment of the Chair.
(iii) Liaise with the Hull Children, Young People and Families Board to ensure oral health is a priority.

The key purpose of the Hull OHAG will be to:

• Review the OHNA for Hull, sense checking the data through local stakeholder intelligence and reviewing the key issues. This will inform the required update of the JSNA – oral health section.
• Steer the development of the Council’s Oral Health Improvement Strategy reflecting the oral health needs of Hull residents, recently published guidance, evidence supporting oral health improvement programmes, evaluation of currently commissioned programmes and best practice. The group will ultimately develop an action plan and monitor progress against the strategy. The Oral Health Improvement Strategy should be aligned to the key aims of the H & WB Strategy. The group will support NHS England in regards to their commissioning intentions from a local perspective regarding local priorities for oral health. The key aim of the OHAG will be to support the delivery of the Council’s statutory dental public health responsibilities.

These essential steps will ensure that Hull City Council effectively commissions an evidence based fit for purpose service, based on the needs of the population.

7. Options and Risk Assessment

It is important to ensure that a combination of evidence based universal and targeted activities are provided to support reducing inequalities in oral health. Optimising exposure to fluoride is one key area of focus within the Oral Improvement Strategy and careful consideration of the needs of the population, evaluation of the Brush Bus, review of the evidence to support alternative options (including water fluoridation) and best practice is required.

Commissioning Better Oral Health sets out a range of evidence based oral health improvement programmes that Hull City Council may consider to improve the tooth decay levels in children. Alternative programmes that the Council may wish to consider are:

• Water fluoridation
• Postal fluoride toothpaste schemes
• Fluoride toothpaste distribution via health visitors
• Fluoride varnish programme in the community setting

Water fluoridation
The key facts and issues that the Council would need to consider regarding water fluoridation as a whole population approach, were presented to the Health and Wellbeing Board at the September 2014 meeting.

Hull City Council should consider the case for water fluoridation with regard to the following domains:

• The public health case for a full population approach to tackling tooth decay levels
• The legal aspects associated with proceeding with a water fluoridation proposal
• The technical issues associated with proceeding with a water fluoridation proposal

If Hull City Council determines to explore further potential options around water fluoridation, it should work with Public Health England and the water company on how to progress this with regard to the domains above.

It is recognised that should water fluoridation be recommended a number of steps would be required to be undertaken including technical feasibility studies and extensive consultation with neighbouring Local Authorities and the public. It is therefore considered essential to demonstrate that the case for fluoridation be made following proper and robust examination of the scientific evidence base, in the light of demonstrated local population need, within the
context of a comprehensive strategy (including both population based and more targeted interventions), and that the process for developing recommendations be transparent, thorough and systematic. Providing this assurance is the basis for the recommendations presented here.

Postal fluoride toothpaste scheme
This programme includes postal distribution of dental packs containing fluoridated toothpaste, toothbrush and practical instructions on use, to children from deprived families. A scheme is delivered across parts of the North West.

Fluoride toothpaste distribution via health visitors
Formerly a Department of Health initiative, 'Brushing for Life', a health visitor led programme involves dental packs containing toothpaste, a toothbrush and a health educational leaflet being distributed to the parents of infants at their 8, 18 and 36 month development checks. This is supported by advice from the health visitor on the care of the child’s oral health. Currently, dental packs are distributed by health visitors to children living in Sheffield at their 9 month and 2 year old child health checks. The scheme has been extended to now include children in reception years attending all primary schools in Sheffield. Similar programmes are in place in Leeds and Bradford.

Fluoride varnish programme in the community setting
Targeted community based fluoride varnish programmes are recommended as evidence based oral health improvement programme for children. Fluoride varnish can be applied to young children’s teeth within the early years and educational setting children within two year programmes with at least twice yearly applications. Community based fluoride varnish programmes are currently commissioned in Bradford and Wakefield.

Team Teeth currently provide twice yearly fluoride varnish applications within the primary schools which they support.

Timeframes for establishing new programmes will need to be considered and it is important to ensure that the emerging action plan addresses the current poor oral health of children living in Hull.

It is essential that oral health is a key health and wellbeing priority in Hull. The establishment of a Hull OHAG, through key stakeholder representation will steer the finalisation of the Hull OHNA and development of the Oral Health Improvement Strategy. The key aim of the group will be to support the delivery of the Council’s statutory dental public health responsibilities. It will provide an opportunity to ensure the oral health of residents is prioritised and effective and more integrated commissioning contributes to improved oral health and general health outcomes using available resources efficiently. NICE Guidance recommends that such a group is established (NICE, 2014).

In the future, it may be worth considering a joint OHAG across Hull and East Riding, recognising the potential benefits of co-commissioning across a larger geographical footprint and sharing of best practice. Currently, in order to give the work the priority that is required, a Hull OHAG is the recommended option.

8. Consultation

Two briefing papers focusing on oral health and water fluoridation were presented at the September 2014 Board meeting (Andrew Taylor, 2014). The consultation process
has included The Director of Public Health, members of the Council's public health team. Support and advice has been provided by Public Health England.

9. Monitoring Officer Assurance Statement

The Council are subject to a general duty to make arrangements to secure continuous improvements in the way functions are exercised, having regard to a combination of economy, efficiency and effectiveness. Under the Public Services (Social Value) Act 2012 the wider parameters of that duty in terms of Social Value are made explicit requiring the Council to consider:

- How what is procured may improve the economic, social and environmental well-being of the area
- How in conducting the process of procurement the Council might act with a view to securing that improvement

It is recognised that the development of a strategy for improvements to Oral Health and consultation with stakeholders will facilitate the effective application of resource, taking into account social and environmental value in accordance with the requirements of the Public Services (Social Value) Act 2012.

10. Section 151 Officer Assurance Statement

The recommendations to establish an oral health advisory group and develop an oral health improvement strategy to inform effective commissioning are supported. There are no direct financial implications arising from this report, any future implications arising from the work of the group will need to be considered at the relevant time.

11. Comments of Head of Human Resources

The HR City Manager has considered this report and there appears to be no HR impact.

12. Comments of Overview and Scrutiny

This report has not been subject to scrutiny but the Health and Wellbeing Overview and Scrutiny Commission may wish to be involved in the development of an Oral Health Improvement Strategy should the Board agree to progress the proposals (Sc4333).

13 Comments of the Clinical Commissioning Group

NHS Hull CCG welcomes the approach outlined which seeks to development an oral health improvement strategy which will ultimately address the existing inequalities; specifically tooth decay in 5-year olds.

14. Conclusions

This paper seeks the support of the Board for the approach described to support the Council’s statutory dental public health responsibilities, with a view to improving and reducing oral health inequalities across the City.
References


NICE (2014). Oral health approaches for local authorities and their partners to improve the oral health of their communities.


Andrew Taylor (2014). Water fluoridation – Briefing paper to the Health and Wellbeing Board.

Julia Weldon, Director of Public Health and Adults

Contact Officer: Sally Eapen-Simon Telephone No.: (c/o J Walker 616052)
Officer Interests: None
Background Documents:
Appendix 1 - OHAG Draft Terms of Reference
## Implications Matrix

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<thead>
<tr>
<th>Description</th>
<th>Answer</th>
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<tbody>
<tr>
<td>I have informed and sought advice from HR, Legal, Finance, Overview and Scrutiny and the Climate Change Advisor and any other key stakeholders i.e. Portfolio Holder, Area Committee etc prior to submitting this report for official comments</td>
<td>Yes</td>
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<tr>
<td>Is this report proposing an amendment to the budget or policy framework?</td>
<td>No</td>
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<tr>
<td>Value for money considerations have been accounted for within the report</td>
<td>Yes</td>
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<tr>
<td>The report is approved by the relevant Corporate Director</td>
<td>Yes</td>
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<tr>
<td>I have included any procurement/commercial issues/implications within the report</td>
<td>Yes</td>
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<tr>
<td>I have liaised with Communications and Marketing on any communications issues</td>
<td>No</td>
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<tr>
<td>I have completed an Equalities Impact Assessment and the outcomes are included within the report</td>
<td>No</td>
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<tr>
<td>I have included any equalities and diversity implications within the report</td>
<td>Yes</td>
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<td>Any Health and Safety implications are included within the report</td>
<td>No</td>
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<td>Any human rights implications are included within the report</td>
<td>No</td>
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<tr>
<td>I have included any community safety implications and paid regard to Section 17 of the Crime and Disorder Act within the report</td>
<td>No</td>
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<tr>
<td>I have liaised with the Climate Change Advisor and any environmental and climate change issues/sustainability implications are included within the report</td>
<td>No</td>
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<tr>
<td>I have included information about how this report contributes to City/Council/ Area priorities within the report</td>
<td>Yes</td>
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