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Report of: *Healthier Communities and Adult Social Care Scrutiny Committee*
Report to: *Cabinet*
Date of Decision: *18th October 2017*
Subject: *Oral and Dental Health in Sheffield*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

Purpose of Report:
This report sets out the findings of the Healthier Communities and Adult Social Care Scrutiny Committee's work on oral and dental health in Sheffield.

Recommendations:

Cabinet is asked to

- a) Note the findings of the Healthier Communities and Adult Social Care Scrutiny Committee on Oral and Dental Health in Sheffield that are being taken up with NHS England and Sheffield's Director of Public Health.
- b) Request the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to re-examine the issue of water fluoridation and set out his findings and any proposals in a future executive report, keeping the Scrutiny Committee informed of progress.

Background Papers:

Report to the Healthier Communities and Adult Social Care Scrutiny Committee, 19th July 2017, Oral and Dental Health in Sheffield, Director of Public Health, Public Health England, University of Sheffield and NHS England

Report to the Healthier Communities and Adult Social Care Scrutiny Committee, 20th September 2017, Oral and Dental Health in Sheffield – Follow Up, Policy & Improvement Officer

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Pauline Wood</i>
	Legal: <i>Andrea Simpson</i>
	Equalities: <i>Adele Robinson</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	EMT member who approved submission: (N/A – Scrutiny Committee Report)
3	Cabinet Member consulted: (N/A Scrutiny Committee Report)
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.

Lead Officer Name: <i>Emily Standbrook-Shaw</i>	Job Title: <i>Policy & Improvement Officer</i>
Date: <i>9th October 2017</i>	

1. PROPOSAL

- 1.1 The Healthier Communities and Adult Social Care Scrutiny Committee considered oral and dental health in Sheffield as a single item agenda at its meeting on the 19th July 2017. The Committee received a report and presentation and heard from a range of witnesses, including NHS England, Sheffield's Director of Public Health, Public Health England, University of Sheffield, the Oral Health Promotion Team and dental practitioners.

Following the meeting the Committee decided to meet as a working group to consider areas for recommendations or where further information was required. This group met on the 9th August to review the information. Their findings and recommendations were then agreed by the Scrutiny Committee at its meeting on the 20th September 2017, and the Committee added an additional recommendation on re-examining water fluoridation. This report sets out the findings and recommendations of the Committee.

- 1.2 This first section highlights issues that are aimed at NHS England as the Commissioners of dental services. The Committee will take up these issues with NHS England directly in accordance with their health scrutiny powers under the National Health Service Act 2006.
- a. Data around access to services – the Committee is concerned that there is a gap in knowledge about accessibility of NHS dental services. We don't currently know how many people are unable to access an NHS dentist near them, and as a result are accessing private dentistry or not using dental services at all. The Committee will ask NHS England to look at whether there is any other information available that could inform our knowledge of service accessibility.
 - b. NHS England is currently trialling prototype contracts for dental services across the country with a view to introducing a new contract in 2018 – although this is likely to be delayed. The Committee would like the new contract to have a focus on prevention, with appropriate incentives that will encourage improvements to oral health rather than solely reward treatment (as is the case currently). The Committee will ask NHS England to keep them up to date with the progress on developing and implementing the new contract, including the experiences of Sheffield practices trialling prototype contracts.
 - c. Fluoride varnish can reduce decay by 33% in primary teeth and 46% in adult teeth. It should be applied in general dental practices twice a year to all children aged 3-16. The report received by the Committee showed that only 56% of child dental treatments in

Sheffield include fluoride varnish application – which the Committee feels is too low. NHS England advised that this may, in part, be due to low recording rates. In Barnsley, audits carried out by the Local Dental Committee helped raise awareness and increased fluoride varnish applications. The Committee will ask NHS England to consider working with Sheffield’s Local Dental Committee to carry out a similar exercise. The Committee will also ask NHS England to investigate whether low application rates may be due to the fact that individual practitioners must meet the cost of the varnish themselves.

- 1.3 This section sets out findings around oral health promotion which is part of the Council’s Public Health responsibility. The Committee has forwarded these to the Director of Public Health for consideration as part of the development of the draft Oral Health Strategy.
- a. Given the increasing use of food banks in some areas of the city, the Committee recommends that we explore ways fluoride toothpaste and toothbrushes could be made accessible through food banks, free of charge.
 - b. Tooth brushing packs are distributed by health visitors for all children at 12 months, and again at 2 years in the most deprived areas. The Committee recommends that these contacts are used to provide more support and information about good oral health, and registering with a dentist, including providing details of local NHS dentists currently accepting patients. The Committee also recommends that we explore how existing mechanisms could be used to further promote oral health – for example using MAST teams, Health Champions etc to give information and guidance about good oral health and support individuals and families to register with dentists.
 - c. Toothbrushing clubs have been set up in schools and nurseries across the city, and an evaluation of these clubs is planned. Depending on the outcome of this evaluation, the Committee recommends that the Council explores how it can use its links with schools and early years settings to expand the clubs further across the city.
 - d. The Committee was pleased to hear that the University of Sheffield’s School of Clinical Dentistry supports its students to get involved in oral health promotion, and that it is keen to develop its civic mission within the wider city region. The Committee would like to hear more about what changes are planned, and recommends that the Council and School explore how we could work together to improve oral health in the City.

- 1.4 The Committee recognises that despite all the hard work that goes into oral health promotion, inequality persists in levels of child tooth decay across the city, with a fourfold difference between areas with the highest and lowest levels. There is also a clear link between deprivation and levels of child tooth decay. The report presented to the Committee clearly indicated the importance of increasing children's exposure to fluoride in fighting decay, and the effectiveness of water fluoridation in ensuring all children benefit from fluoride. The Committee noted the action in the draft oral health strategy that a review of the appropriateness of water fluoridation in Sheffield be conducted. It is 12 years since the Council last debated water fluoridation - the Committee believes that it is time the issue be re-examined and recommends that the Cabinet Member and Director of Public Health take this forward in the appropriate forum, reporting back to the Committee on how they plan to do this.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The Committee undertook this work with the aim of developing recommendations that will lead to better health and wellbeing, one of the Council's key aims as set out in the corporate plan. Poor oral health has a significant impact on both the individual and wider society including pain, discomfort, time off work and school, self-consciousness and low self-esteem.
- 2.2 Tackling inequality was another key aim of the Committee in undertaking this work. The Committee was very aware of the inequalities across the city both in the prevalence and impact of dental diseases and in access to dental services. The Committee's recommendations are focussed on finding ways to reduce these inequalities.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The Committee heard from a range of people during the course of this work (see 1.1) however no formal consultation activity has been undertaken. If there are any changes to service delivery or policy arising in response to scrutiny recommendations, consideration will need to be given as to whether consultation is required/appropriate.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 As a Public Authority, we have legal requirements under section 149 of the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality'. We have considered our obligations under this duty and found that there are no direct equality of opportunity implications arising as a result of this report. However, any specific changes to service delivery or policy arising in response to scrutiny

recommendations will need to include the consideration of equality implications.

4.2 Financial and Commercial Implications

4.2.1 There are no direct financial implications arising from this report. The implementation of any of the recommendations from the Committee's report may be subject to further decision making in accordance with the Leader's Scheme of Delegation. This would include any financial and commercial implications.

4.3 Legal Implications

4.3.1 There are no direct legal implications arising from this report. The implementation of any of the recommendations from the Committee's report may be subject to further decision making in accordance with the Leader's Scheme of Delegation, and the legal implications of any proposal would be fully considered at that time.

4.3.2 By section 111 of the National Health Service Act 2006 the local authority has certain functions in relation to dental public health, as prescribed under the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, including oral health promotion programmes. By section 73A of the Act the Director of Public Health is responsible for the exercise of these functions. The activities described at paragraph 1.3 of this report fall within the prescribed functions.

4.3.3 The Water Industry Act 1991, as amended by the Water Act 2003, provides that a water company must increase the fluoride content of the water supply if requested to do so by the Secretary of State for Environment, Food and Rural Affairs. The local authority must first make a fluoridation proposal to the Secretary of State, following a statutory consultation process as set out in the Water Fluoridation (Proposals and Consultation) (England) Regulations 2013. The requirements will be considered during the examination of the issue and the implications will be fully set out in any future executive report.

4.3.4 Under the Local Government Act 2000, (section 21, clause 2(b)), and Sheffield City Council's Constitution, there is an explicit power for Scrutiny Committees to make reports or recommendations to the Executive.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The Committee heard and discussed many issues during the course of this work. This report sets out the issues that the Committee wanted to see progress on.

6. **REASONS FOR RECOMMENDATIONS**

- 6.1 Having carried out this work, the Scrutiny Committee felt that it was appropriate to make these recommendations to Cabinet, with the aim of improving oral and dental health in Sheffield, and reducing inequalities in oral health and access to services.