
CHILDHOOD OBESITY AND DENTAL HEALTH CARE

SUMMARY REPORT

Purpose of the Report

1. To consider an interim recommendation from the Joint Review Group, established by this Scrutiny Committee, to examine Childhood Obesity and Dental Health Care and any associated Mental Health links.

Summary

2. At a meeting of the Children and Young People Scrutiny Committee held on 30 October 2017 it was agreed to establish a Joint Review Group with the Health and Partnerships Scrutiny Committee to investigate the high incidence of childhood obesity in Darlington and the associated links with the low take up of dental services and poor dental health; and to investigate whether the desire to achieve a specific 'body image' promoted in the media had an impact on mental health issues in young people in Darlington.
3. The Group is continuing to meet, however, in view of a series of briefings and information provided by dental health and public health professionals the Group has agreed to make an interim recommendation in relation to fluoridation.
4. According to the HM Government Childhood Obesity: A Plan for Action, childhood obesity and poor dental health outcomes are deteriorating in Darlington with strong links between the highest obesity rates and the poorest dental health being most prevalent in the most deprived areas of the Borough.
5. Dental decay is a significant public health problem in the North East and Darlington has levels of decay in children significantly higher than the average for England.

Recommendation

6. That this Scrutiny Committee supports the joint work underway to gather information required for consideration about any prospective water fluoridation scheme in Darlington and recommends to Cabinet that it agrees to carry out a technical appraisal for consideration of a water fluoridation scheme in Darlington and/or the Tees Valley.

Review Group Members of the Children and Young People and Health and Partnerships Scrutiny Committees

Background Papers

Public Health England (PHE) Dental Health Profile in Darlington (July 2017)
 Briefing note of the Director of Public Health (April 2018)
 HM Government Childhood Obesity: A Plan for Action (August 2016)
 NHS England Dental Statistics (September 2017)

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S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications on the Health and Well Being of residents of Darlington.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the eight outcomes.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

7. There is evidence from NHS England to show that those areas which are fully fluoridated either naturally or by artificial schemes have much lower levels of dental disease compared to un-fluoridated areas despite having similar or worse socio-economic challenges in their communities.
8. Water fluoridation is a well established public health measure used to address dental health in England including different localities in the North East since the late 1960's and has a strong evidence base to demonstrate that it is highly effective and safe and contributes to reducing health inequalities.
9. Under the current legislation the local authority would be responsible for the revenue costs of any water fluoridation programmes and it has been calculated that the current costs of existing fluoridation schemes across the North East are approximately £300,000 per annum.
10. The initial step before any consideration about fluoridated water would be to carry out a desktop exercise to determine the technical aspects in relation to the existing water distribution network being able to support any potential fluoridation scheme and the potential impact on neighbouring localities. This desktop exercise costs approximately £5,000, with local authorities funding this with a contribution from NHS England.
11. If an initial desktop technical appraisal exercise is favourable then a more detailed technical feasibility study would need to be undertaken to establish the viability of any proposed scheme, both in terms of cost and geography.
12. Members received a briefing note on Community Water Fluoridation from the Director of Public Health and were advised that this authority was working with neighbouring authorities and taking part in a desktop technical appraisal with Northumbria Water. This technical feasibility study does not however initiate the formal legal processes set out in legislation necessary to introduce a scheme.
13. During the course of the Review an article on water fluoridation appeared in the Northern Echo following the meeting of Children and Young People Scrutiny Committee on 16 April 2018 and a number of emails were received from members of the public regarding water fluoridation.
14. The emails have been acknowledged and considered by this Review Group and have also been forwarded to the Director of Public Health to retain as part of any further public consultation.
15. There are other evidence based interventions available to encourage and improve dental health particularly in children. These include Supervised Tooth Brushing

Schemes and the Fluoride Varnish Programmes. These can be provided in early years settings and schools and these will be investigated further as part of the ongoing Review.

16. According to data published by NHS England in relation to access to dentistry (September 2017) 67 per cent of Darlington resident population of approximately 105,000 accessed NHS dental care within the previous 24 months period. This is higher when benchmarked locally, regionally and nationally and indicates that people in Darlington have relatively good access to dentistry services
17. Other data published by Public Health England shows that by the time children start school in Darlington, more than a third of them will have several decayed teeth. Oral disease is an important public health issue because of its impact on the individual in terms of pain and suffering the impact on society in terms of the cost of treatment and that dental decay in children is largely preventable.
18. Public Health England released a Dental Health Profile in July 2017 detailing the oral health of five year old children in the Darlington local authority area. This showed that more than a third of them will have children in Darlington have several decayed teeth by the time they start school. It also showed that there were higher levels of decay concentrated in those wards in the East of Darlington.
19. The Dental Health Profile also showed that about 22 per cent (4,400) children live in low income families and of children aged 10-11 years (Year 6) 21 per cent were classified as obese.

