

Westmorland and Furness Council

Report Title:	Improving Oral Health in Westmorland and Furness
Meeting:	Westmorland and Furness Health and Wellbeing Board
Meeting Date:	22nd April 2024
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Lead Cabinet Member(s):	Patricia Bell, Cabinet Member for Adults, Health & Care
Wards Affected?	Westmorland and Furness
PUBLIC, PART EXEMPT OR FULLY EXEMPT	PUBLIC
List of Appendices (if any)	N/A

1. Executive Summary

- 1.1 Oral health has some of the most wide-reaching and long-lasting effects on health and development throughout the life course and is an important public health issue in Westmorland and Furness.
- 1.2 The 2012 Health and Social Care Act conferred responsibility for oral and general health improvement on local authorities.
- 1.3 Oral health improvement is not the sole responsibility of one organisation: Westmorland and Furness Council and both the NHS Northeast and North Cumbria Integrated Care Board (ICB) and NHS Lancashire and South Cumbria ICB all have an important role to play.

2. Recommendations

- 2.1 The Board note the report, the high rates of dental decay in some parts of Westmorland and Furness and the activity currently being taken to improve oral health.
- 2.2 The Board considers that improvements to oral health are to be included in the priorities and actions of the developing Health and Wellbeing Strategy.
- 2.3 The Board requests that the Director of Public Health submits a positive response to the consultation on the expansion of community water fluoridation in the Northeast on behalf of the Health and Wellbeing Board.

3. Information: Current Position

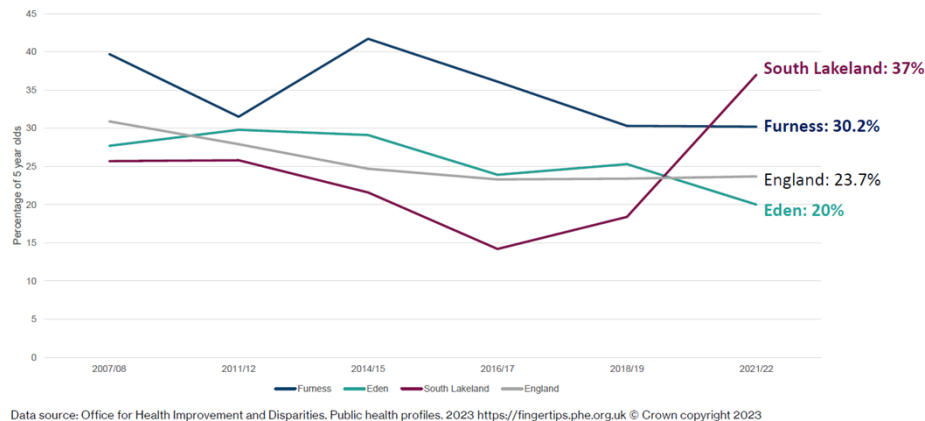
- 3.1 The decayed, missing and filled primary teeth (dmft) and permanent teeth (DMFT) measures are commonly used to understand and monitor the oral health status of a population.
- 3.2 The most recent data available for Westmorland and Furness is for children in Year 6. The survey was carried out as part of the Office for Health Improvement and Disparities' National Dental Epidemiology Programme (NDEP).
- 3.3 The aim of the survey was to measure the prevalence and severity of tooth decay in permanent teeth among children in year 6 within each lower tier local authority.
- 3.4 The survey showed that in Westmorland and Furness rates of dental decay are similar to the England average, with 16.4% in Year 6 experiencing dental decay in Westmorland and Furness.

Table 1. Year 6 DEF in Westmorland and Furness 2024

Area	Percentage %
England	16.15
Northwest	18.3
Westmorland and Furness	16.4

- 3.5 In 2022 the Dental Epidemiology Programme examined the oral health of 5-year-old children. The survey showed that in Eden rates of dental decay were similar to the England average, with 20% in experiencing dental decay in Eden, compared with 23.7% in England. Rates of dental decay in Barrow (30.2%) and South Lakeland (37%) were higher than the England rate.
- 3.6 The reasons for the significant increase in the proportion of 5-year-olds with evidence of dental decay in South Lakeland between 2018/19 and 2021/22 is not fully understood. The 5-year-old survey is undertaken every other year and the next set of survey data should help us to understand if the 2021/22 result is an outlier or a sustained change in prevalence of dental decay.

3.7 Figure 1. Proportion of 5-year-olds with decayed missing or filled primary teeth 2022



4. Westmorland and Furness Council

4.1 Westmorland and Furness Council commissions an All-Age Oral Health Improvement Service to address the prevention of oral and dental ill health, targeted in geographical areas of need with a particular focus on early years settings, special schools, and care homes. The service is jointly commissioned with Cumberland Council and provided by North Cumbria Integrated Care NHS Trust (NCIC).

4.2 NCIC co-ordinate and deliver several evidence based oral health interventions across Westmorland and Furness, driven by local need and incorporating best practice to support the population to make choices that will benefit their long-term oral health. The service delivers in five key areas (numbers in brackets are activity figures for 2023-24 Q1-3):

1. Development and/or distribution of oral health promotion resources (5445 distributed). The NCIC resources provide information, materials, and resource packs to reinforce evidence-based messages around oral health improvement (OHI). NCIC ensure OHI /Smile4Life information and training materials are available in a range of accessible formats and mediums to meet the language and literacy needs of Service Users and their clients.

2. Supervised tooth brushing schemes (30 schemes have been delivered in targeted early years settings). The scheme delivers an effective supervised tooth brushing programme in targeted early years settings in localities most at

risk of poor oral health outcomes. The purpose of the Programme is to improve children's oral health by increasing exposure to fluoride and improving behavioural and self-care skills at home.

3. NCIC deliver a Smile4Life in Cumbria programme and has supported 95 settings to engage in the Smile4Life award since April 2019. The children's Smile4life programme is a way of training and implementing a 'whole setting approach' to oral health improvement. The Smile4Life Award enables all practitioners in Early Years Foundation Stage settings to demonstrate and be recognised for the interventions they undertake that improve oral health and lay solid foundations for good oral health throughout life. The Award is underpinned by a portfolio of evidence and the collection of Best Practice Case Studies in the following areas:

- Healthy Eating and Drinking
- Regular Toothbrushing
- Adopting a Healthier Lifestyle
- Visiting a Dentist Regularly

4.3 NCIC also deliver workforce development and training (throughout Cumbria 95 Oral Health Improvement (OHI) training sessions have been delivered for staff /volunteers working with children and young people (CYP) and 22 OHI training sessions have been delivered for staff/volunteers working with vulnerable adults including adults with dementia.). The training is prioritised to the settings who work with the following priority groups:

- Children (with a focus on those in the most deprived areas and early year's settings)
- Cared for children
- Children with a physical or learning disability.

And, where adult oral health improvement is needed in vulnerable adult groups including but not limited to:

- Substance users (including alcohol)
- Adults with physical or mental/learning disabilities
- Homeless adults or those who frequently move for example the travelling community
- Older people
- Communities with identified oral health needs.
- Some black, Asian and minority ethnic groups

4.5 Additionally NCIC work with staff and volunteers to ensure they understand how good oral health contributes to general health and wellbeing and support the development of good oral health practices by:

- Promoting breastfeeding, healthy weaning and encourage healthy eating and drinking.
- Advising on alternatives to sugary foods, drinks and snacks as pacifiers and treats
- Explaining that tooth decay is a preventable disease and how fluoride can help to prevent it.
- Encouraging regular tooth brushing at least twice a day including last thing at night and promote the use of family fluoride toothpaste as soon as teeth come through. Spitting not rinsing after brushing.
- Encouraging people to regularly visit the dentist from when a child gets their first tooth and explaining who is entitled to free dental treatment.
- Provide details of how to access routine and emergency dental services.
- Encourage the promotion of a healthier lifestyle e.g., reduce alcohol consumption and tobacco use.
- Using sugar-free medicine
- Enabling them to give a practical demonstration of how to achieve and maintain good oral hygiene and encouraging tooth brushing from an early age.
- Asking the dentist about fluoride varnish
- Making every contact count (MECC)

4.6 National campaigns also support the local delivery and promotion across Westmorland and Furness for example, but not exclusively, National Smile Month, Mouth Cancer Awareness Month and National No Smoking Day.

4.7 A consideration for future commissioning for Oral Health Improvement programme is fluoride varnishing and fluoride varnishing training. Fluoride varnishing is an evidence-based intervention to prevent dental caries. Within the current programme geographic access and availability of staff has proved a barrier to implementing this intervention within the service.

5. Dental Health Epidemiology Programme

5.1 Westmorland and Furness Council are also responsible for commissioning local dental epidemiology surveys as part of the national Dental Public Health Epidemiology Programme. The Programme provides robust, comparable data about levels of dental decay in the child population and a range of other dentally related information about various other population groups. The survey programme includes provision of detailed information about dental decay levels among five-year-olds which is a Public Health Outcome Indicator. The survey of five-year olds is conducted once every two years, with surveys of another age group (selected nationally) taking place on alternate years.

6. NHS Lancashire and South Cumbria ICB

6.1 NHS Lancashire and South Cumbria has launched its dental access and oral health improvement programme to improve access to primary care dental services in the high street and to improve oral health. Primary care dental services include:

- Routine care for people who require a check-up and any follow-up care.
- Urgent dental care for those in immediate need of support.

6.2 The programme looks to prioritise the areas of Lancashire and South Cumbria with the greatest need for dental access and oral health support. It also aims to reduce inequalities in dental access and oral health across the region.

6.3 The programme focuses on where investment should be prioritised, improving patient pathways, communications to the public and to staff, supporting retention and recruitment of the dental workforce and contract management.

6.4 Within Lancashire and South Cumbria ICB, the initial area of prioritisation is the child access 0-5 pathway and care homes. Later in the year there will be a further development of a SetforSurgery, Long term conditions and a vulnerable group pathway. There will also be a care pathway for health Visitors, GPs, and urgent care.

7 North East and North Cumbria ICB

7.1 The North East and North Cumbria ICB is adopting a strategic approach toward improving access to NHS dentistry services and the oral health of the local population which includes:

- Short-term actions to stabilise services.
- A more strategic approach to workforce and service delivery.

Developing an oral health strategy to improve oral health and reduce pressure on dentistry

7.2 Short term actions to stabilise services.

7.2.1 The NENC ICB Primary Care Dental Access Recovery Plan agreed by the Board in July 2023 included investment of £3m for 2023-24 to implement some initial actions designed to *'Protect, retain and stabilise'* NHS dentistry provision. The funding has been used to implement targeted short-term initiatives that increase access for unscheduled urgent, vulnerable and more complex care patient groups, with a further £3.6m earmarked to continue with these initiatives into 2024-25.

7.2.2 As part of plans to *'build back NHS dentistry UDA capacity'*, the ICB is actively taking steps to replace lost UDA capacity that has resulted from NHS practice closures and contract hand backs through the implementation of a local commissioning process from existing NHS dental practice and formal procurement routes.

7.3 A more strategic approach to workforce and service delivery

7.3.1 Building upon emerging national NHS Dentistry Regulatory Reforms and the recently published *"Opportunities for flexible commissioning in primary care dentistry; A framework for ICB Commissioners"* (Oct 2023)

proposals are currently being considered to secure the beginnings of a '*transformed and sustainable*' long term local NHS dentistry solution for the North East and North Cumbria.

7.3.2 The ICB is also committed to implementing where appropriate the initiatives outlined within the recently published national Dental Plan and supporting out NHS England workforce training and education colleagues as they take forward the National Dental Workforce Plan.

7.4 Developing an oral health strategy to improve oral health and reduce pressure on dentistry

The ICB is also working with system partners on the development of an overarching NENC wide oral health strategy which aims to bring together the key themes from the recently completed local oral health needs assessment and partner Local Authority Oral Health Strategies. The aim being to develop a NENC wide oral health action plan focusing on initiatives to improve oral health and reduce inequalities across the Northeast and North Cumbria.

8. Consultation on the expansion of Community Water Fluoridation in the North East

8.1 On 25th March, the Department for Health and Social Care (DHSC) launched a 12-week consultation on expanding water fluoridation in the North East to reduce tooth decay and its impacts.

8.2 The Health and Care Act 2022 gave the Secretary of State for Health and Social Care the power to introduce water fluoridation schemes subject to consultation. The purpose is to expand water fluoridation to a further 1.6 million people in the region.

8.3 The proposed expansion of water fluoridation predominantly covers areas within the North East region of England, however because of the way water is provided the Alston area of Westmorland and Furness is also included in the proposed expansion.

8.4 The consultation seeks views from the public on the proposal, specifically:

- The extent to which people agree or disagree with the proposal to expand water fluoridation.
- Submitting any scientific evidence for DHSC to consider in their final impact assessment.

8.5 Water fluoridation is an effective and safe public health measure:

- Ensuring drinking water contains the recommended level of fluoride is an effective way to prevent tooth decay.
- Preventing tooth decay reduces pain and distress, and the need for hospital admissions and complex dental treatments.

- 5-year-old children living in areas of the North East without fluoridated water are up to 3 times more likely to have teeth removed than those living in fluoridated areas.
- The safety of water fluoridation has been widely monitored and researched.
- There is no convincing scientific evidence of harm to general health from water containing fluoride within regulatory limits.

8.6 Water fluoridation has benefits for the whole population but especially people living in areas with the highest levels of tooth decay. Water fluoridation achieves the greatest reductions in tooth decay in areas with higher levels of deprivation, thereby reducing health inequalities.

8.7 Water fluoridation is a very cost-effective public health intervention. An estimated £731,200 per year could be saved by extending water fluoridation across the North East.

8.8 The Consultation is open until 17th June 2024 and is available at: [community water fluoridation expansion in the north east of England](#). Health and Wellbeing Board members are encouraged to respond to the consultation.

9. Human Resource Implications

9.1 N/A

10. Link to Health and Wellbeing Strategy

10.1 The oral health needs of Westmorland and Furness are described in the JSNA and in the emerging priorities for the Joint Health and Wellbeing Strategy.

11. Consultation Outcomes

11.1 Consultations on the Joint Health and Wellbeing Strategy have identified oral health as a priority for improving health and wellbeing and reducing health inequalities.

12. Alternative Options Considered

12.1 N/A

13. Legal & Governance Implications

13.1 N/A

14. Equality & Diversity Implications (including the public sector equality duty, Armed Forces Families, Care Leavers and Health inequalities implications)

14.1 There are significant inequalities in oral health outcomes. Activity undertaken to improve oral health is targeting groups and populations with the highest level of need, for example care experienced children and young people.

15. Background Information & Sources (used in preparation of this Report)

15.1