

Committee Name and Date of Committee Meeting

Health Select Commission – 25 July 2024

Report Title

Scrutiny Review Recommendations – Oral Health

Is this a Key Decision and has it been included on the Forward Plan?

No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report

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Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

The purpose of this report is to outline the outcomes and findings of the spotlight review into Oral Health by members of the Health Select Commission.

Recommendations

1. That Cabinet received the report and considers the following recommendations
 - 1) Agree the principle that oral health is foundational to overall health and wellbeing, and should be facilitated, mainstreamed, and resourced as such in Public Health Strategies for Rotherham.
 - 2) Take a proactive prevention-first approach in respect of oral health, given that by the time a child or young adult comes to the dentist for extractions due to tooth decay, this is remedial action that comes far too late.
 - 3) Develop clearly defined governance arrangements for prevention and oral health improvement programmes for Rotherham Place with a view to sustained improvement of population-wide oral health.
 - 4) As part of a system-wide approach to promoting oral health awareness among all communities, prioritise oral hygiene guidance and support in delivery of services that make every contact count.

- 5) Seek collaboratively to expand targeted, evidence-based interventions that develop good oral hygiene habits for school age children, such as tooth brushing clubs.
- 6) Continue to advocate for Rotherham residents in regional conversations around oral health, for example, how reforms to commissioning of dental care may expand access to positive experiences around oral health and hygiene.
- 7) Develop an offer to support access to bridges and dentures for care-experienced adults and working age adults who have experienced significant tooth loss due to historic poor oral health.

List of Appendices Included

N/A

Background Papers

N/A

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

Scrutiny Review Recommendations – Oral Health

1. Background

1.1 This review builds on a Health Scrutiny discussion of Access to Dental Care in June 2022, which was prompted by Healthwatch Rotherham. In the interests of prevention of poor oral health in Rotherham, the Health Select Commission resolved to undertake the review because discussions showed that governance responsibility for oral health and hygiene is not clearly defined in legislation. Contributing information considered in this review was prepared by Rotherham's Public Health team, with input from key services and with overview from NHS England's Consultant in Dental Public Health for Yorkshire and the Humber. Since these discussions took place, the responsibility for the commissioning of dental care has changed from Public Health England to NHS South Yorkshire as of 1 April 2023.

1.2 Methodology:

1.2.1 The purpose of the review was to consider place-based strategic approaches to improve oral health among Rotherham residents, including children and young people, working age adults, and older people.

1.2.2 The review started its evidence gathering in March 2023, concluding its work in late 2023. Evidence was gathered primarily through two virtual stakeholder meetings with partners and officers. In addition, members attended a South Yorkshire Stakeholder Oral Health and Dentistry event.

Members of the review group were also provided with a detailed briefing to inform their understanding of local context, comparative data and needs assessments. The briefing was structured to provide an overview of Oral Health epidemiology in Rotherham and to highlight services and interventions of relevance to Oral Health split by the age group to fit the Scrutiny Review focus on Adults and Children.

1.2.3 The review considered the following issues:

- a. Epidemiology overview
- b. National picture – including National Toolkit and Enhanced Care Programme
- c. Local picture
 - Children: with input from 0-19 service regarding breastfeeding and school age children, Looked After Children,
 - Adults: with input from NHS England Region and practitioners regarding care home residents, home care, and homelessness and substance misuse.
- d. Solutions and good practice – including prevention campaigns and activity in wards, short term remedies to barriers to access such as travel logistics, and aims for long term culture change.

Issues not considered in scope:

1.2.4 Whilst access to dental care is an important component of oral health inequality, this review did not focus on dental services because scrutiny had already discussed and made recommendations in respect of access to dental care. Access to dental care was also subsequently identified as a potential item for Joint Health Overview and Scrutiny review as a subject of region-wide relevance, with plans for a future scrutiny event to discuss progress on this topic.

1.2.5 Fluoridation is also a topic that is often referenced in relation to preventative action at the population level. Citing public health data, the Director of Public Health strongly advocated that fluoridation provided a cost-effective method of reducing preventable tooth decay and opportunities for universal oral health improvements.

However, the review did not make any new recommendations in relation to these issues due to the following factors:

- The Health and Care Act 2022 gave the Secretary of State for Health the power to implement – or terminate – water fluoridation schemes in England. Whilst this power had rested with local authorities previously, RMBC does not now have the authority to determine whether the water supply is fluoridated.
- There is evidence that fluoridation can reduce dental caries. Prior to a decision being taken to fluoridate water supplies there is an extensive consultation process, to allow differing views to be heard. There was not the opportunity to explore these different perspectives within the timescales of the review and therefore no conclusions were reached. It was noted that a previous scrutiny review into water fluoridation was undertaken by the former Adult Care and Health and Children and Young People’s Scrutiny Panels in 2007¹.

1.2.6 The review group consisted of the following members:

- Councillor Yasseen, Chair
- Councillor Baum-Dixon
- Councillor Bird
- Councillor Cooksey
- Councillor Griffin
- Councillor Havard
- Councillor Hoddinott
- Councillor Pitchley

1.2.7 Witnesses were drawn from the Council and its partners. The Chair would like to put on record her thanks for the contribution of each participant.

¹ The scrutiny review concluded that there was evidence of the benefits of water fluoridation, however oral health improvements could also be made through other interventions. Given the complexity of the arguments, as articulated in evidence and expert testimony, it recommended (amongst other things) that any future consultation about water fluoridation provides sufficient information about the benefits and risks, so that the public can make an informed choice about its addition to the water supply.

External Partners:

- Debbie Stovin, Dental Commissioning Manager NHS England and NHS Improvement – North East and Yorkshire (Yorkshire and the Humber)
- Margaret Naylor, Chair of Local Dental Network South Yorkshire and Bassetlaw
- Sarah Robertson, Dental Public Health Consultant
- Louise Collins, NHS 0-19 Service Lead
- Steven Thompson, Chair Local Dental Committee

Rotherham MBC:

- Cllr Roche, Cabinet Member for Adult Social Care and Health
- Cllr Cusworth, Cabinet Member for Children and Young People
- Nathan Heath, Assistant Director Education and Inclusion, CYPS
- Monica Green, Head of Service Children in Care, CYPS
- David McWilliams, Assistant Director: Early Help, Family Engagement & Business Support, CYPS
- Ben Anderson, Director Public Health
- Anne Charlesworth, Manager, Public Health (Commissioning)
- Sue Turner, Public Health Specialist, Best Start and Beyond
- Alex Hawley, Public Health Consultant
- Garry Parvin, LD Commissioning
- Sandra Tolley, Housing Options Manager

1.2.8 The Chair also extends her thanks to Katherine Harclerode (former Governance Advisor) who supported the review and has since left the authority. The report was not completed prior to her departure and was therefore completed by colleagues in the Governance Team.

2 Summary of findings:

2.1. Recommendation 1):

Agree the principle that oral health is foundational to overall health and wellbeing, and should be facilitated, mainstreamed, and resourced as such in strategies for Rotherham.

2.1.1 Poor oral health has been connected to increased risk of chronic physical and psychological health conditions including diabetes, heart disease, obesity, aspiration pneumonia, developing pancreatic cancer, and many other adverse outcomes. However, when it comes to people's prioritisation of their health, there is an impression that oral health is often relegated to being of less importance. There is culture building work to be done to reverse this, which should be reflected in integrated plans aligning local strategies across both health, local government and third sector services alongside initiatives such as

the National Food Strategy². Promotion of good oral health must be seen as a high priority and properly facilitated, mainstreamed (accessible to everyone), and resourced accordingly.

2.2 Recommendation 2):

That a proactive prevention-first approach is taken in respect of oral health, given that by the time a child or young adult comes to the dentist for extractions due to tooth decay, this is remedial action that comes far too late.

2.2.1 At the South Yorkshire event on Oral Health and Dentistry on 30 November 2023, dental practitioners serving South Yorkshire collectively expressed dismay that by the time a child, young person or adult seeks dental care, it is often too late for preventive or early restorative interventions, which can result in teeth needing to be extracted. Formation of good preventative habits is urgent and must be prioritised at the Rotherham Place level. This conclusion was reached because the NHS SY (ICS) Five Year Plan includes goals for dental activity but does not include prevention. Whilst prevention activities/interventions (e.g. dietary advice, oral hygiene instructions, fluoride varnish, fissure sealing etc.) does occur within ICB commissioned dental practices. Local authorities have statutory responsibility for commissioning community oral health programmes. The Rotherham Place Plan 2023-2025 does include cross-cutting Prevention and Health Inequalities workstreams including developing the prevention pathway. Members support featuring oral health prominently in this prevention work.

2.2.2 There is much preventative work being led at the local Place level. For example, good work is being done across the sub-region to promote positive oral health. In Sheffield, for example, 'oral health promotional activities' run alongside the hospital paediatric dental services. Barnsley have incorporated oral health in their Health on the High Street initiative.

2.2.3 Under the Health and Care Act 2022, the Secretary of State now has responsibility for decision-making in respect of the fluoridation of public water supplies. Fluoridation of drinking water has been shown to reduce the need for costly and traumatic hospitalisations of young children due to extractions. Water fluoridation as a therapeutic additive is particularly attractive because in addition to being cost-effective, it requires no behavioural change. Notwithstanding this, Members are aware that the fluoridation of water does not equal good oral health and does not replace the need to look after our teeth and gums through good oral hygiene habits and diet, etc. Members acknowledge that investment in promoting good oral health is an investment in future improvement of overall population health.

2.3 Recommendation 3):

Develop clearly defined governance arrangements for prevention and oral health improvement programmes for Rotherham Place with a view to sustained improvement of population-wide oral health.

² [The National Food Strategy - The Plan](#) – one of its key principles includes that the food system of the futures must make us well instead of sick and meet the standards the public expect on health.

2.3.1 Under current legislation, there is no party or organisation that is named as responsible for preventative oral health. Without clear governance and agreement of how responsibility will be shared for funding, commissioning, and delivery of oral health initiatives, the prevention angle is often forgotten amid discussions of access to dental care and dentistry reforms. Members undertaking the review wished to see this reversed, giving careful attention and consideration to how oral health can be prioritised across Rotherham Place in ways that improve health inequalities. Members felt that the best way to do this is through an orchestrated collaborative approach, including the establishment of a clear sense of organisational responsibility for oral health initiatives.

It was noted that there was a suite of performance indicators for the 0-19 Service which sat under the Oral Health Improvement Lead which provided an assurance framework.

2.4 **Recommendation 4):**

As part of a system-wide approach to promoting oral health awareness among all communities, prioritise oral hygiene guidance and support in delivery of services that make every contact count.

2.4.1 Members supported the promotion of oral health as part of universal health reviews. It was noted that staff training was provided as part of the 0-19 Oral Health Improvement Lead's role. This enabled Early Help workers to identify dental neglect as a potential safeguarding issue and support parents, where possible, in understanding avoidable oral health risks, for example those caused by excess sugar, etc. Members would like for staff to consider oral health as part of making every contact count across the wider workforce. Since the review was undertaken an additional 3-4 month universal health review has been introduced, with oral health and weaning being a key component of this offer³.

2.4.2 Carers, health visitors and social care providers have a significant role to play. As part of making every contact count, there is an opportunity to work alongside partners to further prioritise oral health guidance where appropriate, for example as part of ante-natal and maternity after care. Furthermore, where patients present with mental health needs, positive oral health self-care advice can play a role in enhancing overall wellbeing. A positive example of this in partnership working can be seen in the Pause Project⁴.

2.5 **Recommendation 5:**

Seek collaboratively to expand targeted, evidence-based interventions that develop good oral hygiene habits for school age children, such as tooth brushing clubs.

³ This is funded through the Family Hub programme until March 2025. This resource will be evaluated in due course.

⁴ The Pause Project has a practice model centred around an intensive, supportive and trusting relationship between a woman and their practitioner, who work together to achieve positive outcomes across multiple areas of their lives, including their mental and physical health.

2.5.1 Members advised seeking collaboration with organisations frequented by children and families such as schools, libraries, and food banks. Members suggest that ongoing consideration be given to schemes that have shown to deliver positive outcomes which could be implemented in a Rotherham context. Among these, Members found convincing evidence that tooth brushing clubs in schools were effective at promoting good foundational oral health habits that stay with children and serve them well as they mature into adolescence. Members explored the option of providing every child with a toothbrush and toothpaste. The evidence base did suggest that supervised toothbrushing schemes and provision of oral health packs would deliver value for money. This has been evidenced through return-on-investment modelling previously undertaken by Public Health England. However, more targeted approaches are more likely to reach children and families who are part of the 20% most deprived, and who are part of inclusion health groups identified by NHS England as being most at risk of negative health outcomes. This could include Roma and traveller communities or refugee/asylum seeker communities. The Local Dental Committee (LDC) has recommended targeted provision of toothbrushes and toothpaste at food banks, at the time of writing, and has consequently provided a contribution on an annual basis. Members would like to see this mobilised as a regular intervention so that toothbrushes and toothpaste can get to Rotherham families who are most in need, and potentially widen the remit for vulnerable adults e.g. veterans, people having experienced homelessness or substance misuse.

2.5.2 Members found that excellent work is already being done in some Rotherham schools thanks to the conscientious efforts of teachers who have carved out classroom time as well as physical space to prioritise oral health as part of personal, social and health education and the support provided via the Oral Health Improvement Lead. Members understand that this involves obtaining parental consent to participate in tooth brushing at school. This can be a challenge, as some parents do not give consent, which means some children can participate whilst others are left out. However, by providing a designated person to go into schools to support the delivery of the tooth brushing clubs and other schemes, this can promote positive experiences and behaviours.

2.6 **Recommendation 6:**

Continue to advocate for Rotherham residents in regional conversations around oral health, for example, how reforms to commissioning of dental care may expand access to positive experiences around oral health and hygiene.

2.6.1 Although this review specifically focussed on oral health, Members undertaking the review found that improving oral health also relies in part upon improved access to dental care. Members are keen to ensure Rotherham voices continue to be heard in ongoing discussions of reforms designed to increase access for complex and high needs patients. As a result of proposed reforms, there may be increased opportunity to deliver oral health checks on a drop-in basis. NHS dental services for those experiencing homelessness have recently been set up in Sheffield and Doncaster, in which homeless charities/organisations chaperone patients to commissioned

dental sessions in local dental practices. There is also a need to introduce children and young people to dental care and oral health in a calm and nurturing environment, to help children develop positive associations with routine dentistry that their parents may not share.

2.6.2 Further to these reforms, Members are keen to explore how work by designated oral health champions may be expanded and promoted in ways that teachers feel would complement the curriculum ethos within their classes. Where there is the support of teachers and administrators, oral health champions support teachers in the design and implementation of oral health schemes. Beyond schools, this support could also be delivered more widely to nurseries, after school groups, and carers forums. The feedback received from local professionals suggests that children are enthusiastic about brushing and looking after their teeth. Members also recognise the potential benefit of having a named staff member lead for oral health at each school, where possible, to develop an offer tailored to the needs of the particular school or academy.

2.7 **Recommendation 7):**

Develop an offer to support access to bridges and dentures for care-experienced adults and working age adults who have experienced significant tooth loss due to historic poor oral health.

2.7.1 Members acknowledge that having a healthy smile is important because it contributes to wellbeing and confidence when it comes to social and economic participation. Members felt that in view of this, a scheme should be available for Rotherham adults who have unfortunately experienced the adverse effects of poor oral health. Adverse outcomes are often the result of neglect during childhood. Members felt that it is important that provision be extended for care experienced young people after they become adults. Healthwatch partners have reported that cost is the primary barrier to access. Currently, people seeking dental treatment under NHS provision, including dentures or bridges, may have to pay. For people who are not currently working or on a low income, this cost can be prohibitive. Therefore, a low or no-cost scheme for dentures or bridges should be put in place for individuals accessing employment support who express a desire to participate in the scheme. Members are aware of effective and inclusive work being delivered through the Rotherham Investment and Development Office to support individuals seeking to enter employment or skills training. Members are keen to see this work augmented by a scheme applicable where individuals feel their opportunities are being limited in specific cases where significant tooth loss has occurred.

3. **Options considered and recommended proposal.**

3.1 Cabinet is recommended to receive the report and consider its response to the recommendations herein.

4. Consultation on proposal

A list of participants is listed in paragraph 1.2.7

5. Timetable and Accountability for Implementing this Decision.

5.1 Implementation of any recommendation made to a partner organisation is at the discretion of the relevant partner organisation.

5.2 Implementation of recommendations addressed to a directorate of the Council is a matter reserved to the relevant directorate. Timescales for Council directorates responding to scrutiny recommendations are outlined in the Overview and Scrutiny Procedure Rules contained in the Constitution of the Council.

6 Financial and Procurement Advice and Implications

6.1 Any financial or procurement implications arising from this report will be considered as part of the Cabinet response to its recommendations.

7. Legal Advice and Implications

7.1 There are no legal implications directly arising from this report.

8. Human Resources Advice and Implications

8.1 There are no HR implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The review links to the following Council Plan themes:

- People are safe, healthy and live well
- Every child able to fulfil their potential

10. Equalities and Human Rights Advice and Implications

10.1 Members of the review group have due regard to equalities and human rights in developing recommendations.

11. Implications for CO₂ Emissions and Climate Change

11.1 There are no implications for CO₂ emissions and climate change directly arising from this report.

12. Implications for Partners

12.1 The implications for partners are described in the main sections of the report. Implementation of any recommendation is at the discretion of the relevant partner organisation. The recommendations contained in this report are

offered acknowledging the contributions that have been made by each of the partner organisations.

13. Risks and Mitigation

13.1 There are no risks directly arising from this report.

Accountable Officer(s)

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