

Health and Wellbeing Scrutiny Committee

Policy Review: Evidence Gathering Session 2

ORAL HEALTH AND INTERVENTIONS

Meeting Objectives: To understand the effects of good and bad oral health and the actions available to improve oral health and reduce the risks of dental caries and poor oral health.

In attendance: Cllrs Dixon (Chair), Davison, Mann, McClennan and McDonough

Dr Simon Taylor (Chair of the Local Dental Network, Northumberland Tyne and Wear), Dr Peter Knops (Chair of Sunderland Local Dental Committee), Pauline Fletcher (Local Lead NHS Commissioner for Dental Services), Rachel Fitzsimmons (Health Education England -North East), Malcolm Smith (Post Graduate Dental Dean Health Education England), Tom Robson (Chair of Local Dental Network), David Landes (Consultant Public Health England).

Apologies: Cllrs Cunningham, Butler and Leadbitter

The main points arising from the session were as follows:

- ☐ Current NHS dental contracts prevent dentists from concentrating on more preventative types of work, and there is an evolving process (National Dental Contract Reform Programme) moving towards a new contract framework to address this.
- ☐ Oral health is linked to many factors including self-worth, nutrition there are also direct links to lung and cardiovascular disease. Poor oral health usually equates to poor general health.
- ☐ The cost of dental treatment was noted as a potential barrier to access and treatment.
- ☐ Comparisons between 5-year-old children with dental disease in Sunderland and Hartlepool shows that Hartlepool has much better outcomes than Sunderland.
- ☐ In terms of an intervention for vulnerable children it was noted that water fluoridation can fundamentally change their outcomes.
- ☐ Water fluoridation can benefit families, in particular, where lifestyles are chaotic, oral health knowledge is poor and issues are ignored.
- ☐ Members heard from dentists that they were desperate for help in Sunderland as they are potentially fighting a losing battle against tooth decay.

- The committee were informed that it was important to promote dental health and ensure that all children had a dental check by the age of one. Dentists also provide information sheets to families explaining many of the hidden sugars in family diets.
- Fluoride varnish was also used as an effective intervention in high risk patients.
- In anecdotal evidence it was reported that dentists in Sunderland were seeing more tooth decay and this was predominantly from those in lower socio-economic groups.
- It was highlighted to the committee that Community Water Fluoridation Schemes could not be discounted. It was regarded as the single most important cost-effective intervention and was strongly advocated as a way forward by those present.
- Hartlepool was cited as evidence of community water fluoridation scheme in action with lower rates of dental decay in 5-year-olds.
- In terms of dental fluorosis, it was reported that the overall risks increase from 1.6% (where there is no CWF) to 3.5% when 1 ppm (part per million) of fluoride is added to the water supply.
- Despite millions of people drinking fluoridated water in England there have been no significant health issues reported. It was also noted that until totally disproved or debunked there will always remain a challenge to any CWF schemes.
- The committee were reminded that it was important to decide what would most benefit the population of Sunderland and in particular those most disadvantaged communities.

The Chair thanked everyone for their attendance and contribution. All the comments would be noted and these would contribute to the final report.