



**Cabinet**  
15 January 2018

**Report from the Strategic Director  
of Policy, Performance and  
Partnerships**

**Recommendations to Cabinet from the Community and  
Wellbeing Scrutiny Committee: Children's Oral Health**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer:</b>	Mark Cairns Policy and Scrutiny Manager Email: <a href="mailto:mark.cairns@brent.gov.uk">mark.cairns@brent.gov.uk</a> Tel: 020 8937 1476

**1.0 Purpose of the Report**

1.1 To inform the Cabinet of recommendations made by the Community Wellbeing Scrutiny Committee.

**2.0 Recommendation(s)**

2.1 To note the recommendations to Cabinet made at Community Wellbeing Scrutiny Committee as set out in Appendix A.

**3.0 Detail**

3.1 On 19 July 2017, Community Wellbeing Scrutiny Committee received a report about children's oral health in the borough. The report, which was presented by the Director of Public Health Dr Melanie Smith, outlined that Brent's children have some of the worst oral health outcomes in England with dental extractions remaining the main cause of elective hospital admissions in children. Dr Smith stressed that although there had been some improvement, levels of tooth decay remained unacceptable bearing in mind that it was almost entirely preventable.

3.2 The meeting was also attended by Councillor Krupesh Hirani, Cabinet Member for Community Wellbeing, Gail Tolley, Strategic Director Children and Young People, Jeremy Wallman, Head of Acute and Specialised Dental Commissioning at NHS England, Kelly Nizzer, Regional Lead London for

Dental, Pharmacy and Ophthalmic Services at NHS England, and Claire Robertson from Public Health England.

3.3 As part of the discussion, Dr Smith said that NHS England had awarded a new five-year Community Dental services contract to Whittington Health from 1 April 2017, with funding for oral health promotion staff remaining with NHSE with a section 75 agreement being put in place. This means that Brent Public Health would provide £20,000 for resources. Jeremy Wallman said that this had made Brent the first borough council that fully recognised that oral health promotion resource sat within the contract.

3.4 Members asked questions on the overall picture, uptake of dental care, investment and public health prevention, and lessons that could be learned from boroughs tooth decay was low. Dr Smith said that there was a strong correlation between tooth decay and deprivation, with decay being a universal problem in Brent, which meant that there was not an area where oral health was satisfactory. As part of the discussion, Clare Robertson said that failures of prevention had contributed to high levels of disease and noted that the new contract would enable the delivery of an integrated service by several partners. To promote sugar reduction and better tooth brushing, Councillor Hirani said that work had been undertaken with children centres to address not only oral health, but also obesity as there was a correlation. He said that prevention could help combat both issues and said the Slash Sugar campaign had also played a role.

3.5 On the basis of the discussion, the Committee Members agreed a number of recommendations for the Council's Cabinet as set out in Appendix A.

#### **4.0 Financial Implications**

4.1 There are no financial implications.

#### **5.0 Legal Implications**

5.1 There are no legal implications.

#### **6.0 Equality Implications**

6.1 There are no equality implications.

#### **7.0 Consultation with Ward Members and Stakeholders**

7.1 There has been no consultation; however, stakeholders attended the meeting as set out above.

**Report sign off:**

**PETER GADSDON**

Director of Policy, Performance and Partnerships.