

ANGUS COUNCIL
POLICY & RESOURCES COMMITTEE
10 DECEMBER 2002

TOWARDS BETTER ORAL HEALTH IN CHILDREN: SCOTTISH EXECUTIVE CONSULTATION EXERCISE
REPORT BY THE CHIEF EXECUTIVE

1 RECOMMENDATIONS

It is recommended that the Committee approves the terms of the enclosed Appendix as a response to the Scottish Executive's recent Consultation Document on Children's Oral Health in Scotland.

2 BACKGROUND

- 2.1 On 24 September 2002 the Scottish Executive Health Department issued a consultation document entitled *Towards Better Oral Health in Children*. A copy of the document itself and the covering letter from the Scottish Executive are available for perusal in the Members' Lounge.

3 PROPOSED RESPONSE

- 3.1 The enclosed response has been prepared by officers from a number of Council departments.

4 HUMAN RIGHTS

- 4.1 There are no Human Rights implications arising directly from consideration of this Report.

5 CONSULTATION

- 5.1 In accordance with the Standing Orders of the Council, this Report has been the subject of consultation with the Director of Finance and the Director of Law & Administration.
- 5.2 In addition, the Directors of Education and Social Work have been consulted.

SANDY WATSON
CHIEF EXECUTIVE

BACKGROUND PAPERS

Note: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing the above report.

Appendix

TOWARDS BETTER ORAL HEALTH IN CHILDREN: RESPONSE FROM ANGUS COUNCIL

1 Background

- 1.1 Here in Angus, the proposed approach will presumably be given effect within the context of the Tayside Oral Health Strategy, the joint Health Improvement Plan, and the community planning process.
- 1.2 Within our recently published Children's Services Plan 2002-2004 we are committed to improving the health and wellbeing of children and young people across Angus. This includes a target to increase the number of 5 year olds with no dental decay, in line with National Targets, by 2005.
- 1.3 The consultation exercise is particularly welcome, recognising as it does the critically important roles which different partners will require to play in realising solutions to the problems described within the consultation document.

2 Measures Relating to Healthy Eating and Health Promotion

- 2.1 There is enormous potential for building further on some of the initiatives currently in train.
- 2.2 Financial incentives for Councils to make water more widely available in schools and classrooms would be welcome, and would have the potential to reduce the consumption of acidic drinks by children and young people.
- 2.3 Continuing support for the Scottish Healthy Choices Award Scheme will be important; innovative ways of maintaining the interests of schools and pupils in this scheme should be sought.
- 2.4 The Scottish Executive should seek to engage positively with commercial manufacturers of soft drinks and other foods targeted at children and young people, with a view to seeking to expand the production and consumption of low-sugar food and drink products.
- 2.5 Innovative projects designed to promote the consumption of fresh fruit by infants and children should be nurtured.
- 2.6 The links between diet, self-esteem and personal development need to be emphasised for all who work with children and young people. Some form of training resources which bring together teachers, youth workers and health practitioners designed to impact on the life-styles of young people would be of immense assistance.

3 Enhancement of Dental Services and Preventative Treatments

- 3.1 NHS bodies should be encouraged to prioritise their resources appropriately, in order to ensure that some of these resources are targeted at preventative oral health measures (eg a greater proportion of the NHS budget could be devoted to Health resources within New Community Schools – either in the shape of more Community Nurses or of more Health Promotion Workers). Such steps could be linked to specific initiatives, such as the daily brushing of teeth by all nursery pupils.
- 3.2 NHS bodies should be encouraged to engage locally with other partners (eg Councils) to promote the availability of NHS dentists to treat young children, and it should be possible that some of this work can be targeted specifically at areas of socio-economic deprivation.

4 Alternative Ways of Using Fluoride

- 4.1 Expanded programmes to encourage the brushing of teeth by nursery pupils in nursery classes is supported, although the impact of any such programme is likely to be greater if some human resources from the NHS can be deployed to assist – these resources in addition may also enable a further extension of such programmes into the early years of primary school.
- 4.2 The Scottish Executive should be encouraged to attempt closer liaison with fluoride toothpaste manufacturers in order to seek out ways in which the use of fluoride toothpaste can be more effectively promoted, particularly in those areas which currently show relatively high levels of tooth decay in children.
- 4.3 The issue of fluoridisation of water is a very sensitive one which has been discussed in the past by Angus Council.
- 4.4 Caution is therefore urged about any other attempts to use fluoride. Although comments in the consultation document about the use of fluoride in the United States and the Republic of Ireland may be accurate, it is disappointing to note no reference to the situation in other countries – many of whom have rejected water fluoridation.