The Health and Sport Committee launched an Inquiry into Preventative Agenda on 3 February 2017 and asked for comments from interested organisations or individuals.

BDA Scotland has provided a response to the following four questions put forward by the Health and Sport Committee:

1. **Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?**

**Food and Drink in Schools**

BDA Scotland refers to the ‘Healthy Eating in Schools: A Guide to Implementing the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008 Section 4 refers to examples of drinks that are no longer allowed in schools:

- No soft drinks (still or carbonated) including flavoured waters (the only exception is the combination drinks that meet the criteria set out in the ‘select with care’ column).
- No sugar-free soft drinks (still or carbonated) including flavoured waters.
- No sweetened fruit juice.
- No sweetened or salted vegetable juice.
- No squashes/cordials including lower sugar and ‘no added sugar’ versions.
- No whole milk.
- No sport drinks.

BDA Scotland refers to Section 3, Standard 7 of the above mentioned guidance which also covers confectionery and states: “This standard aims to improve dental health by reducing the frequency that children and young people consume sugars. It also aims to improve the overall diet by restricting foods high in sugar and fats that may over consumed and lead to overweight and obesity.” In this respect BDA Scotland believe that the current system of food labelling is too complex, and that front of package traffic light labels which are well understood to enable consumers to make informed and healthier choices, and should become mandatory for all processed foods. In relation to the labelling of sugar content, the BDA believes that greater consistency is required to prevent confusion between total and added sugars. Front of pack labelling must be supported by education to maximise the benefit to public health.

Scottish Government has legislated (Schools (Health Promotion and Nutrition) (Scotland) Act 2007), therefore in theory there should be no sugar sweetened beverages available in schools including those sold in vending machines. BDA Scotland suggests that the Health and Sport Committee may wish to check how many schools comply with the legislation.

**Water Fluoridation**

It is BDA Scotland policy to let communities choose fluoridated water and urges the Health and Sport Committee to work with Scottish Government and local communities on the introduction of water fluoridation as a cost effective measure that will deliver significant and sustained improvements in the oral health status of the population in Scotland. This would also reinforce the Childsmile Programme. Both water fluoridation, fluoride toothpaste and varnish are used in
Australia, New Zealand, Canada, USA, Eire, England, Singapore, etc. Over 300 million people benefit from water fluoridation globally and Scotland should do the same.

Legislation on water fluoridation in Scotland is currently enshrined in the 1985 water (Fluoridation Act) now consolidated into the 1990 water act and is still extant in Scotland. It can be easily introduced in Scotland as the legislation is already in place. BDA Scotland suggests that the Health and Sport Committee asks Scottish Government to promote this widely practiced, safe and effective preventive measure.

The most recent Health Economic Analysis of the cost of water fluoridation to prevent tooth decay was undertaken by Southcentral Strategic Health Authority in 2008 for their consultation exercise. For the population of 160,000 who would benefit from water fluoridation, their estimated capital cost of plant was £471,000. Revenue costs were estimated at £59,000 a year and an estimated 36,032 teeth over 20 years would not decay. However, there is no impact on water bills as all costs are paid by the NHS. The net additional cost of fluoridation over 20 years is £11,526 or £576.30 a year, giving a cost of 32 pence per tooth saved. If other benefits of water fluoridation are discounted through the pain, suffering, disfigurement and embarrassment that tooth decay causes, and only give consideration to the current NHS costs of a single surface amalgam filling at £9 or a composite (white) filling £17. The cost benefit ratio of water fluoridation is 28:1 (900:32) for an amalgam filling or 53:1 (1700:32) for a composite filling. The costs benefit is even higher for any filling involving more than one tooth surface.

Dental health inequalities would also be reduced. Water fluoridation: Health monitoring report for England 2014, “The reduction in tooth decay in children of both ages in fluoridated areas appears greatest among those living in the most deprived local authorities.”

2. How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

BDA Scotland would suggest that in order for a Health Service to have creditability, it must first be able to meet the emergency needs of the population it serves. Overcoming these pressures is the wrong way to view these, often reactive problems. NHS Boards and integrative authorities must be able to do both, and Scottish Government must ensure that adequate funding is provided for both routine and preventative care to overcome these pressures.

BDA Scotland would also suggest that budgets should be reviewed at a suitable interval, not annually, and where there is an annual underspend, the budget should not be cut, but maintained for contingency and innovation moving forward. A budgetary incentive might be helpful. Restraint should only be applied at extended intervals or if failure or risks are identified. BDA Scotland would suggest that an effective reporting system is required. Initially, targets on a range should be suggested with intervals rather than a point figure, the figures could be ‘firmed up’ once a clearer picture of prevention was established, however, there should still be some leeway.

BDA Scotland would propose that the Health and Sport Committee urge Scottish Government to spend revenues raised through Sugar Tax directly on dental Prevention Schemes.

3. How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

BDA Scotland would draw the committee’s attention to the WHO which recommends that 5% of budgets for health interventions should be used to evaluate those interventions (WHO evaluation practice handbook 2013, page 13).
BDA Scotland would suggest that robust and plausible evaluation must be built in to all preventative spending initiatives.

4. **How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?**

BDA Scotland would draw the committee’s attention to the BDA Scotland response to the Scottish Government’s consultation on the ‘Future of Oral Health’. In terms of oral health, BDA Scotland will need to await the results of any pilot evaluation or trial period that Scottish Government see fit to put in place. BDA Scotland would suggest that the Childsmile Programme designed to improve the oral health of children in Scotland should perhaps be subject to rapid review and modified if or as necessary.

BDA Scotland would suggest that the Scottish Government must do more to address poverty, particularly child poverty, through better salaries (good work) and benefits in the population, which would both incentivise and allow individuals to improve their own health and that of their children.

5. **BDA Scotland would also highlight the following issues which we would wish to promote under the Preventative Agenda:**

- Ban all advertising aimed at children. In order to allow parents and carers to have control over children’s diets and behaviour, all advertising aimed at children (under 12 years or as the evidence shows) should be banned.
- Apply the soft drinks industry levy to sweetened milk based drinks.
- Reduce the threshold for exempting the soft drinks industry levy from drinks with 5grams/100mls to those below 2.5grams/100mls.
- Minimum unit pricing for alcohol implemented fully.
- Reduced availability of alcohol through restricted off sale hours (stop at 18:00 hours every night)
- Restrictions on tobacco sales
- Promote preventative treatments in the elderly, e.g. application of fluoride varnish (Duraphat) for those in care homes in order to help reduce the demand for other dental treatments. This is something that has been provided by NHS Fife who support oral hygiene with Duraphat application three times per annum to the dentate elderly in supported accommodation and believe they see daily the benefits of this public health intervention. BDA Scotland suggests this policy be adopted by the other NHS Boards.

BDA Scotland
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