## OFFICER DELEGATED DECISION FORM

State the Delegated Authority that you are relying on in order to make this decision: e.g. specific (identified in constitution) or general

The decision is permitted under Part B of the Council Scheme of Delegation, specifically section 22 which states the Director of Adult Social Care and Health Integration has delegated authority to discharge any function of a local authority in relation to the authority's responsibility for Public Health.

**Subject of decision:** e.g. freehold disposal of land (16K-149K), contract extension, new policy

To approve Middlesbrough Council's engagement with the national supervised toothbrushing programme, which is a five-year collaboration with Colgate – Palmolive, and to formally accept Middlesbrough's allocation of toothbrushing products for wider distribution

**Text of decision**: e.g. can include monies received by the Council, list any terms agreed, brief summary of the policy – Do not include any confidential information.

Colgate-Palmolive is making available goods for use in schools and early years settings, which includes toothbrushing, take home packs and education resources for children aged 3-5years.

This programme is specifically targeted to 3-5year old children living in Lower Super Output Areas in England with an indices of Multiple deprivation ranking of 1 and 2.

The local authority will take receipt of the products and arrange onward distribution to schools and early years settings.

**Reason for decision:** e.g. benefits, new legislation requires a policy, review of opening hours, non- key decision, outside of agreed budget framework

The Marmot Institute of Health Inequality and NHS England both support the use of industry partnerships to address health inequalities. This national programme will provide resources to support our local improvement initiatives in oral hygiene.

This is a non-key decision, in which we agree to receive products directly through an industry partnership.

Other options considered (if any)

None
Has an Impact Assessment been completed Yes/No – if yes please attach to the
decision.
No – not required
Declarations of lateract by any month of an all places to be also
Declarations of Interest by any member or relevant local government body
None
Who have you consulted as part of the decision making process e.g. Head of Service,
Executive Member, Community Association, Surveyor?
Executive member for Public Health
Date of decision
Date of decision
21/05/2025
Service area
Public Health
Name of Delegated Officer making decision - i.e. Officer who is designated the power
in the Constitution
Director of Adult Social Care & Health Integration
Name of the Officer making the decision – if power has been sub-delegated to
another Officer.

n/a
List of background papers (do not list if contain exempt/confidential information)