

## Minutes

### SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

24 February 2015

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW



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|     | <p><b>Committee Members Present:</b><br/>Councillors Wayne Bridges (Chairman)<br/>Teji Barnes (Vice-Chairman)<br/>Peter Davis<br/>Jas Dhot<br/>Beulah East<br/>Ian Edwards<br/>Becky Haggar<br/>John Oswell<br/>Shehryar Wallana</p> <p><b>Also Present:</b><br/>Claire Robertson, Consultant in Public Health, Public Health England<br/>Kelly Nizzer, Regional Lead (North West) Dental and Ophthalmic Services</p> <p><b>LBH Officers Present:</b><br/>Shikha Sharma, Consultant in Public Health<br/>Charles Francis, Democratic Services</p> |
| 53. | <p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY<br/>SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Mary O'Connor.</p>  |
| 54. | <p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b><br/>(<i>Agenda Item 2</i>)</p> <p>None.</p>  |
| 55. | <p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 21 JANUARY 2015</b><br/>(<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>  |
| 56. | <p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE<br/>CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE<br/>CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>All the items were considered in Part 1.</p>  |
| 57. | <p><b>REVIEW - 2014/15 - WITNESS SESSION</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed the witnesses to the meeting. It was noted that the purpose</p>  |

of the meeting was to provide the Committee with an overview of child oral health in Hillingdon and to assess what action was currently being undertaken with a view to presenting a report to Cabinet.

Shikha Sharma, Consultant in Public Health, highlighted a number of salient points from the background paper which had been provided. The following points were noted:

- Tooth decay was caused by consuming too many sugary foods and drinks too often and poor oral hygiene.
- Unless this lifestyle issue was addressed, there was a much higher risk of further tooth decay in permanent adult teeth and throughout later life.
- Tooth decay can be prevented by eating a healthy balanced diet which limited the amount of foods and drinks high in sugar, and also by brushing teeth for two minutes twice a day, once before bed, using fluoride toothpaste.
- Dental caries remains the main cause of hospital admissions for children aged under 18 years.
- Recently published results of the Child Oral Health Survey for 3 year olds show that dental health of children was particularly poor in Hillingdon with the highest rate of early childhood caries amongst London boroughs.
- Local authorities were statutorily required to improve health of their population, which included improving oral health.
- The transition of Public Health to the local authority in 2013, had provided new opportunities for health visitors and the Community Dental Health team to work closely with the Children's Centres for better targeting of families at higher risk.

NHS England (NHSE), Public Health England (PHE) and the Local Authority had joint responsibility for improving oral health. Since 1 April 2013, NHSE had had the responsibility for commissioning all NHS dental services - both primary and secondary care. PHE provided dental public health and health improvement support for local authorities and NHS England, including collaborative commissioning of oral health improvement programmes. In terms of the Council's role, this included:

1. Joint statutory responsibility with Clinical Commissioning Groups for Joint Strategic Needs Assessments.
2. Participation in oral health surveys to assess and monitor oral health needs.
3. Responsibility for reducing health inequalities.
4. Planning, commissioning and evaluating oral health improvement programmes.
5. Leading scrutiny of delivery of NHS dental services to local populations.
6. The power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.
7. Lead responsibility for the Healthy Child Programme 5-19 years (and HCP 0-5 years from 2015), the national child measurement programme and the care of vulnerable children and families (ie. looked after children, the troubled families programme).
8. Safeguarding children.
9. Commissioning local healthy schools, school food and healthier lifestyle programmes.

Following consideration of the overview report, the two external witnesses were invited to address the Committee.

Claire Robertson, Consultant in Public Health, (Public Health England) explained that good oral health was important for a number of reasons including: how a

child grew, looked, chewed, tasted food, socialised and their well-being. As such, it was essential that tooth decay was reduced as much as possible. It was noted that good oral health would contribute to: school readiness, reducing school absence and improving the general health and well-being of the child.

Speaking about the role and scope of Dental Public Health, the Committee noted that the aims were as follows:

- To contribute to oral health improvement.
- To reduce oral health inequalities.
- To improve the quality of dental services.
- To ensure patient safety.
- To promote training and teaching to increase capacity and the quality of the dental workforce.
- To collect and assimilate data to inform future dental commissioning.

Discussing the tooth decay from a pan -London perspective, it was suggested that there was scope to improve performance in Hillingdon, given that Early childhood decay of 3 year olds in Hillingdon was 16.1% (the highest of all boroughs in London) and the London average was 5.3%. In terms of hospital admissions, it was noted that tooth decay was the top reason for child hospital admissions in Hillingdon for children aged 1 to 18.

Several key messages were highlighted. These included:

1. Dental disease was preventable through simple and cost effective measures.
2. Overall, child oral health was improving, however inequalities still existed.
3. Over 40% of Hillingdon children at aged 5 were affected by dental decay and was the number one cause for child hospital non-emergency hospital admission.
4. Hillingdon 3 year olds had the highest level of dental caries in London.
5. Since poor oral health shared the same common risks as other chronic diseases any action to reduce these risks (in particular sugars in the diet) would improve oral health as well as general health, especially excess weight and obesity.

### **Current action being taken by the Council**

Initiatives included:

1. The implementation of the infant feeding policy and a new *Early Years Charter* based on *Healthy Schools Programme* with specific standards for improving food and drink available to children via children's settings.
2. Hillingdon Public Health was working with Children's Centres, the Early Years Team and the local Community Dental Service (CDS) to prevent dental decay in children aged 0-5 years of age.
3. The *Hillingdon Early Years Nutrition Network* (HEYN) in which settings have to endorse and demonstrate these actions in order to achieve Healthy Early Years status.
4. 'Healthy Early Years Menu Checklist' . In order to ensure that food served fits with current nutritional guidance and advice.
5. A Community Dental Health Team pilot was currently under way engaging dental practices to model a partnership working between dentists and local children centres and potentially other settings over time.
6. A *Brushing for Life* campaign.

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|     | <p><b>Raising Awareness and Possible Future Action</b></p> <p>Kelly Nizzer, Regional Lead (North West) Dental and Ophthalmic Services, confirmed sufficient dental units were in place to provide dental services to residents.</p> <p>Therefore, there was scope to improve the information, advice and guidance to parents. The Committee suggested that dental information (such as dental registration, fluoride varnishing and brushing advice) could possibly be included in 'Bounty Packs' (provided to expectant mothers) in the future. Other ideas looked at using other carriers such as NHS registration letters or even stamping reminders onto envelopes to raise awareness so diffusing this message would be cost neutral.</p> <p>Claire Robertson, PHE, highlighted that PHE had arranged for a pilot to begin in 10 schools across the Borough and pending the analysis of these results there was the opportunity to consider how this initiative might be expanded</p> <p>Discussing how oral health in children could be improved, the Committee suggested that further information on the uptake and effectiveness of dental services could be developed and a monitoring report might be developed and referred to relevant Council Committee or body in the future.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. the presentations be noted.</b></li> <li><b>2. a report with recommendations to Cabinet be drafted for consideration by the Committee at its next meeting.</b></li> <li><b>3. a copy of the National Institute for Health and Care Excellence (NICE) Dental Health recommendations be circulated to the Committee.</b></li> <li><b>4. a list of NHS dental practices in Hillingdon be provided to the Committee.</b></li> </ol> |
| 58. | <p><b>FORWARD PLAN</b> (<i>Agenda Item 6</i>)</p> <p>The Committee considered the latest version of the Forward Plan.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li><b>1. That the report be noted.</b></li> </ol>   |
| 59. | <p><b>WORK PROGRAMME</b> (<i>Agenda Item 7</i>)</p> <p>Reference was made to the work programme and timetable of meetings.</p> <p><b>Resolved</b></p> <ol style="list-style-type: none"> <li><b>1. The Committee noted the Work Programme 2013/14.</b></li> </ol>  |
|     | <p>The meeting, which commenced at 7.00 pm, closed at 8.38 pm.</p>   |

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454 . Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.