

GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 26 January 2017

PRESENT: Councillor B Oliphant (Chair)
Councillor(s): S Green, J Adams, B Clelland, A Geddes,
L Kirton, K McCartney, S Ronchetti and C Simcox

CO-OPTED MEMBERS John Wilkinson, Jill Steer and Maveen Pereira

F28 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs Mullen, Cllr Caffrey, Cllr McMaster, Cllr Kielty, Cllr Hall, Cllr S Craig, Cllr J Graham and co-opted member Sasha Ban.

F29 MINUTES OF LAST MEETING

The minutes of the meeting held on 1 December 2016 were agreed as a correct record.

F30 REVIEW OF CHILDREN'S ORAL HEALTH IN GATESHEAD - EVIDENCE GATHERING

The Committee took part in the final evidence gathering session on the review of children's oral health in Gateshead. The Committee received two presentations, from a general dental practice perspective and also from the community dental service.

Shiv Pabary gave a presentation on the work carried out within his general dental practice. It was noted that the percentage of the Gateshead population accessing NHS care is very high in comparison to the regional and national figure. Gateshead is performing well in terms of provision and access and disease levels are better than the North East figure, although it was acknowledged that there are ward differences.

Shiv spoke about the three 'InDental Group' practices that are run within Gateshead, in Leam Lane, Deckham and Low Fell. The original practice was started in 1977 in Fewster Square and the further two practices were acquired in 2005 and 2007 respectively.

It was reported that in the definition of oral health there is a very broad meaning and reflects upon a persons physiological, social and psychological aspects of life. The point was made that dentistry involves the treatment of mainly two disease

processes; decay or gum problems. Children are generally encouraged to attend a dentist from the age of one year, between the ages of one and nine dentists usually deal with toothache or abscesses. When young people reach the ages of 10-15 this is generally looking at treatment to ensure straight teeth and between the ages of 15 to 18 enquiries are around wisdom teeth extractions and tooth whitening. It was confirmed however that the main problem in children and young people is decay related to poor dietary habits and oral hygiene.

The services provided by the practice include; regular 3-12 monthly check ups, fluoride applications for three to 18 year olds, although there has been some parental opposition to this, there are trained fluoride nurses as well as a trained therapist in oral hygiene instructions and dietary advice. In addition the practice visits local schools, for example staff have held oral health sessions at Lingey House Primary School and Leam Lane nursery. These sessions include information on brushing techniques and raising awareness on sugar content. It was recognised that the practice continues to work to get the message out to the community around prevention.

It was noted that the practice is also able to sedate patients who are anxious, this would usually entail a trip to hospital for some people as not every practice is able to provide this. The practice also provides orthodontic services for Gateshead, for 450 cases per year, however currently there are approximately 25 referrals per week so demand is outstripping provision. In terms of the patient base across the three practices it was noted that since 2005 3751 under 18's have been seen. Within the practices staff include; 10 dentists, one co-ordinator, 13 nurses, a hygienist, an Endodontist, an oral surgeon, an orthodontist and facial surgeon.

It was confirmed that work continues on getting the message out to children and young people around prevention. Across the country there are a large number of general anaesthetics to remove teeth for children and young people, which is largely due to excessive consumption of sugary food and drink.

Shiv explained some of the challenges faced by the practice, for example; ensuring early and regular attendance to stop children attending later with high needs, working in partnership with social services to identify any safeguarding and neglect concerns and educating parents and grandparents. It was also noted that further thought should be given to school screening which would work by getting children in early to prevent the need for general anaesthetic later. In terms of working at a local level it was suggested that the local authority should continue to engage to ensure fluoride stays within the water supply as there is a lot of evidence to say that this prevents decay. Committee was advised that the vision of the practice is to replace the current General Dentist Service contract and encourage preventive practice, capitation and registration, ensure at least yearly attendance and continue to focus on prevention.

The Committee was invited to ask questions.

The point was made that dentists work is target driven, however the system rewards dentists for work such as fillings. It was noted that, although children and young people do not pay for the service, the current contract does not encourage

prevention, however it would be expected that any dentist would do so as part of their professional role.

It was questioned how the practice has accessed schools. It was confirmed that individual schools initially approached the practice and there is now a rolling programme in place with nearby schools around Fewster Square. It was noted that previously the Council supported Public Health England to distribute resources to practices to help work with schools, however this is no longer the case.

The Committee received a presentation from Marie Holland and Joanne Purvis on the work of the Community Dental Services. It was noted that the service is provided across Gateshead by South Tyneside Foundation Trust, with delivery from three sites in Gateshead, located within; QE Hospital, Wrekenton Health Centre and Blaydon Primary Care Centre. The team provides services to children and young people with special care needs, including; physical, sensory, intellectual, emotional or social impairment, these patients are unable to access a general practice.

It was noted that the team is passionate about early prevention and there is an early intervention clinic based at the QE hospital. It was pointed out that prevention is key as there can be a profound effect on the medical and social care for these core patients. It was confirmed that 212 of the 'core patients' were Gateshead residents.

It was reported that the service is salaried so there is not the same pressures on the team as in a general practice. The service looks after all ages therefore there are no transition issues, referrals are made from general practices.

Overall the team will deal with approximately 3,500 new referrals per year, in 2015/16 in Gateshead there were 741 new referrals, 40% of which were aged under 16 years. It was reported that 65% of all new patient referrals are for some form of behaviour or anxiety management, therefore they require IV sedation, this can be provided for at the QE and Blaydon sites. It was noted that inhalation sedation can be effective in helping children have their dental treatment, however this causes a lot of referrals as only one other practice can sedate. Last year there was 1103 inhalation sedations in Gateshead. It was reported that the majority of children's admissions to hospital are for tooth removal and require general anaesthetic. In 2015/16 there were 603 general anaesthetic episodes, 10-15% of which were Gateshead residents.

It was noted that the majority of disease is preventable, however prevention work must start before the first dentist visit. The team continues to share information with children's safeguarding teams, information on those children going for general anaesthetic and those who do not show for appointments are shared.

The Community Dental Service also has a Public Health role in relation to screening in schools, epidemiology and oral health promotion. A full population survey of five year olds is underway, this was previously done in 2010 so decay rates across Gateshead can be mapped out. From previous data it is evident that decay rates are concentrated in areas of high deprivation. It was questioned whether all schools have taken up the survey. Committee was advised that there are three or four schools who have refused to be involved in the survey and discussions are ongoing. It was also recognised that data collection is now more difficult as it requires parental

consent, previously only negative consent was required and there was 90-95% take up rate, now there is only a 50% take up rate as some parents do not return the consent letters. The move to a positive consent requirement has made data collection more of a challenge for the service.

It was reported that 2006 research showed that school screening was inefficient in getting children to the dentist as they were looking at children with no decay, therefore the challenge continues to be accessing those children with decay. Therefore this provision was targeted elsewhere, however it was confirmed that screening is still carried out in special schools because of the profound effect on those children and young people. It was pointed out that for children with special needs who receive general anaesthesia sometimes it is the only time professionals can see in their mouths, therefore other professionals can be involved at that stage, for example ear nose and throat doctors.

Joanne Purvis explained that role of the Oral Health Promotion Team, this is a five people team working across the South of Tyne and Wear from cradle to grave, therefore 0-19 provision is only a small part of the teams work. The role of the team is to raise awareness of oral health, through facilitating and delivering oral health programmes that reflect national and local policy guidance.

In terms of Gateshead the team; targets schools with a decay rate of higher than one, all special schools, offers training to health professionals such as Health Visitors, School Nurses and school staff as well as targeting vulnerable groups. The team now looks at individual school policies to ensure they are sweet free, it will consider what alternatives have been put in place. Once the team is satisfied with what the school has put in place it will receive a certificate status depending on the level of objectives achieved. It was reported that there were 20 schools with missing or filled teeth more than one that were targeted, of these 15 schools achieved the award, five schools declined and three additional schools achieved the award through the Healthy School Award.

It was questioned whether Governors from those schools who declined had been approached. It was agreed that the team would work with Steve Horne if there was any problems in accessing schools in the future.

It was reported that a Jewish special school has recently been identified which the team were not aware of, in addition there are issues in terms of asylum seeker children as some are not entitled to NHS treatment. It was noted that in relation to vulnerable groups such as these there are key staff trained within identified areas.

The vision of the Oral Health Promotion Team is for; all health and educational professionals to receive training, all schools to be part of a toothbrushing programme, all special schools to be part of a fluoride varnish programme and all vulnerable children to be part of ongoing oral health promotion programmes.

The Committee was invited to ask questions.

It was agreed that officers would take up with the QE why no general anaesthetic service is available there for children's tooth extractions.

It was questioned whether there are any particular vulnerabilities in relation to the Jewish community. It was acknowledged that it has taken a number of years for the team to get into the community and over the last five years good relationships have been developed. It was noted that generally the Jewish community has high sugar content in their diet so there is further work to be done in terms of dietary advice in relation to oral health.

It was also questioned whether, when looking at school arrangements such as tuck shops, fizzy drinks machines are also included. It was confirmed that they are included and there are no primary schools or special secondary schools with these machines in place. Committee was concerned that there is no oral health team presence in secondary schools. The point was made that dentistry vans are a good idea and were previously effective, however there are huge legal issues in terms of CQC registration, there are also more difficulties because of waste management and cross infection.

The point was made that responsibility is passed to schools to identify pupils who miss school for dental reasons. The point was made however that if screening of children and young people in schools is not going on a lot of dental problems may not be known. It was confirmed that survey work is ongoing as well as training being rolled out to Health Visitors so they can look at this during their regular checks.

RESOLVED - That the Committee noted the content of the report and its comments be noted.

F31 LIAISON WITH GATESHEAD YOUTH ASSEMBLY

Committee received a report outlining the work of the Gateshead Youth Assembly (GYA) in 2016 and its priorities for 2017.

It was noted that new executives were voted in from November following the previous executive members moving on to University. The new assembly is keen to get information across to all schools, as currently only six schools are represented, therefore one of the priorities for 2017 is to promote the assembly in all schools.

The GYA has moved away from Portfolios this year, as it did not fit with the projects the assembly feels were most important, and instead has a list of priorities. Priorities for this year include; mental health, public transport, self-esteem, tobacco, bullying, environment, child sexual exploitation and child poverty.

Representatives from the GYA were unable to attend Committee and therefore Committee were invited to a Convivial Supper to be held on 31 January 2017.

RESOLVED -

- (i) That Committee noted the information presented in the report.
- (ii) That Committee noted the invite to the Convivial Supper on 31 January.

F32 OFSTED INSPECTIONS - ANNUAL REPORT

The Ofsted inspection findings for the autumn term 2016. Three inspections were undertaken last term; Kelvin Grove Primary was judged as 'good', as was Oakfield Junior School and Larkspur Primary maintained its 'requires improvement' grade.

It was noted that Larkspur's findings were disappointing and was due to the focus on data, which was not strong, however the staff team are very hardworking.

It was confirmed that so far this term there have been seven inspections. It was noted that the bar has been raised high so that it is becoming difficult for some places to achieve good or outstanding, in particular those schools in socially deprived areas. Committee suggested that Ofsted grading is linked to the drive for Academy status, however it was noted that Ofsted is a non-political organisation.

RESOLVED - That the Committee considered the position of schools in relation to Ofsted inspections.