



London Borough of Hammersmith & Fulham

Cabinet

10 OCTOBER 2011

**CABINET MEMBER
FOR COMMUNITY
CARE**

*Councillor
Joe Carlebach*

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

*Councillor
Helen Binmore*

CONTRIBUTORS

DChS.
Interim DCS
DFCS
ADLDS

**EXECUTIVE RESPONSE TO THE
CHILDREN'S ORAL HEALTH TASK GROUP**

This is the Cabinet's Executive Response to the report of the Children's Oral Health Scrutiny Task Group, which was agreed by the Overview and Scrutiny Board 26th July 2011. The report contains 14 recommendations to the Cabinet and NHS Primary Care Trust (PCT).

**Wards:
All**

Recommendation:

That approval be given to the Executive Response to the Children's Oral Health Task Group set out at Appendix 1 and that Cabinet commend the Task Group report and recommendations to the NHS Primary Care Trust (PCT) for consideration.

1. BACKGROUND

- 1.1. A Children's Oral Health Task Group was commissioned by the Overview and Scrutiny Board (OSB) to examine the issue of children's oral health in Hammersmith and Fulham and to report back with findings and recommendations to the Cabinet, the PCT and other partner agencies.
- 1.2. Following a proposal by the Education Select Committee and agreement by the OSB on 21st September 2010, the Task Group met for the first time on 12th January 2011.
- 1.3. The OSB agreed the final Task Group report on 26th July 2011 and referred the report and 14 recommendations to Cabinet and NHS PCT for consideration, requesting an Executive Response (including Executive Decisions for each Scrutiny Recommendation).
- 1.4. The Cabinet and PCT are asked, in the Executive Response, to agree, reject or amend scrutiny recommendations. Implementation of the recommendations will be carried out either by the PCT, the Council or in joint collaboration.
- 1.5. The Executive Response has been drawn up in consultation with Councillors Carlebach - Cabinet Member for Adult Social Care and Councillor Binmore – Cabinet Member for Children's Services and the relevant departmental officers. It has also been considered for comment by the Council's Executive Management Team (EMT).
- 1.6. Where Cabinet is the executive decision maker, the Cabinet is asked to agree the Executive Response and recommendations set out in Appendix 1. Where the PCT is the decision maker, the Cabinet is asked to commend the recommendation to the PCT.
- 1.7. The executive responses of both implementing agencies will be received by the Council's Education Select Committee on 22nd November 2011, which will also monitor the implementation of the agreed recommendations.
- 1.8. The Cabinet's Executive Response is attached at Appendix 1.
- 1.9. The Children's Oral Health Task Group report is attached at Appendix 2.

2. RISK MANAGEMENT

- 2.1 Not applicable.

3. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 3.1 The overall aim of the recommendations and strategy proposed is to make medium term savings to the PCT primary care budget through early intervention. The current costs of treatment are estimated to be around £2,054,000; £350,000 for 'New Appointments & Admissions' for H&F patients (2010/11) at the Chelsea and Westminster Hospital and an estimated £1.7m for Primary Care treatments (non-prevention, including extractions) in H&F [2010-11].
- 3.2 Most of the recommendations have no budget implications. Overall the estimated budget implication for the Council is **£16,000** out of a total estimated budget of £89,000.
- 3.3 The estimated budget implications to the PCT are £73,000, which includes a recommendation for fluoride varnishing community based public health programme estimated to cost approximately £50,000.

4. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 4.1. The process for consideration of the scrutiny report and Executive Response are consistent with the Overview and Scrutiny Procedure Rules set out in Part 4 paragraph 13 of the Council Constitution.

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	The Children's Oral Health Task Group Report	Michael Carr X2076	Governance & Scrutiny
2.			
CONTACT OFFICER:		NAME: Michael Carr – Scrutiny Development Officer EXT. 2076	



Hammersmith & Fulham Council

Executive Response to the Children's Oral Health Task Group Report

By Cabinet, 10th October 2011

Introduction

The Cabinet welcomes the Children's Oral Health Task Group Scrutiny report and recognises that children's oral health is an important area of public health. The Cabinet fully endorses the need to take action to improve children's oral health in Hammersmith and Fulham, given that the Borough has a significant amount of children with decayed, missing or filled teeth, and recognises the significant steps that are already being taken by the NHS PCT.

The Scrutiny report and recommendations provide an opportunity to consider how the Council, the PCT and other community partners can work together even more effectively to take this agenda forward.

Response to recommendations

Please find below responses to the recommendations contained within the scrutiny report:

Getting the Message Across

Recommendation 1: Keep Smiling – A Children's Oral Health Campaign

It is recommended that the Council and the PCT initiate a local campaign to highlight the issue of children's oral health. The campaign should focus upon key issues including decay prevention, diet, teeth brushing and visiting the dentist and speak to parents and young people. It should be branded, have a name, a logo and a master set of key publicity messages. The campaign should include events such as an oral health events week in 2011, an annual Children's Oral Health Day and year round community events which are targeted at the borough's most high-risk areas.

Suggested Executive Decision: AGREED

Recommendation 2: Review of Health Information and Advice

It is recommended that the PCT review health information and advice to define key messages and to make sure that there is consistent advice from professionals across the spectrum of children's agencies. Particular attention should be paid to advice to professionals, the use of child-centred communication and the need to use community languages.

Suggested Executive Decision: Noted. Commended to the INWL NHS PCT.

Targeting and Outreach

Recommendation 3: Targeted Fluoride Varnishing Programme

It is recommended that a targeted programme should be launched to provide fluoride varnishing for children aged 3–5 from the most at-risk groups in the borough. The programme should be delivered in schools, children’s centres, community centres and supermarkets to maximise coverage of target geographical areas, as well as “drop in” fluoride varnishing sessions in dental practices.

Suggested Executive Decision: Noted. Commended to the INWL NHS PCT.

Recommendation 4: Community Champions, Health Advisors and Parent Volunteers

It is recommended that the Community Champions and Health Advocate schemes be continued and enhanced to include targeted community led action to raise awareness of oral health, recruit parent volunteers from the local community and register children with local dentists.

Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.

Recommendation 5: Targeted Provision of Dental Health Packs (Fluoride Toothpaste, Toothbrushes and Baby Beakers)

It is recommended that fluoride toothpaste and toothbrushes be distributed regularly to targeted groups, through health visitors, Community Champions and events, and that free baby beakers be distributed at age 8 months to 1 year to at-risk groups to encourage the reduced use of feeding bottles containing sugary drinks.

Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.

Recommendation 6: Targeted Support for Children in Care

It is recommended that the following steps are taken to promote oral health amongst children in care:

- i. Incorporate dental screening into mandatory 28 day health checks
- ii. Sign-post H&F foster parents to Child Friendly Dentists
- iii. Follow up and monitor the registration of all looked after children
- iv. Encourage one H&F dentist to take the position of ‘Looked After Children Champion’ and to educate other dentists in the borough about the high level of sensitivity required for these children
- v. Include Keep Smiling campaign in the ‘Rocket Club’ and other targeted points of contact
- vi. Lobby the Government to make the disclosure of dental reports (for looked after children) free, as part of the NHS dental contract.
- vii. Send a Brushing for Life Pack to all looked after children, sponsored by Colgate or another commercial partner

- viii. Add oral health improvements to the 'Independent Reviewer's' agenda.

Suggested Executive Decision: AGREED.

Recommendation 7: Targeted Support for Children with Special Needs

It is recommended that good practice is maintained including joint-working with schools and Chelsea & Westminster hospital, and that Child Development Service contracts are amended to include oral health promotion.

Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.

Dentists

Recommendation 8: Child Friendly Dentists

That dentists who would like to be known as 'Child Friendly' display a logo and appear on a list which is distributed to professionals, stakeholders and parents. These H&F dentists should gain the necessary paediatric training from Chelsea & Westminster Hospital and be encouraged to open at 'child friendly' times such as on Saturday mornings. In return their services could be promoted to families in the Borough.

Suggested Executive Decision: Commended to the INWL NHS PCT.

Partnerships

Recommendation 9: Commercial Partnerships

It is recommended that a commercial operator in the field of dental care products, such as Colgate or Glaxo Smith Klien, be approached to sponsor report recommendations including (1) Keep Smiling and (5) Targeted Provision of Dental Health Packs.

Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.

Recommendation 10: Chuck Sweets Off the Check-Out

It is recommended that supermarkets, high street shops and leisure centres be asked to play their part and to "chuck sweets off the checkout" as part of a local campaign to promote healthier diets.

Suggested Executive Decision: AGREED.

Recommendation 11: Schools and Children's Centres

It is recommended that schools, nurseries and children's centres implement a range of the following measures:

- i.* Gain parental consent for dental inspections and fluoride varnishing
- ii.* Supervised tooth brushing
- iii.* The use of a chart for children to record teeth brushing at home

- iv. The school nurse to provide oral health advice and sign-post at-risk families to dentists during the universal age 4-5 health check and at later dates
- v. A fluoride varnishing programme
- vi. A more proactive Healthy Food Policy, including the provision of healthy snacks (fruit, water, etc) as well as a prohibition on sugary products
- vii. Making water available throughout the day
- viii. Establish links with at least one dental practice and take school classes to the dentist or bring the dentist into school
- ix. Inclusion of oral health care education in the school curriculum
- x. Oral Health educational events for children and parents.

Suggested Executive Decision: AGREED.

Recommendation 12: ‘Keep Smiling’ Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour

It is recommended that GP medical practices improve their links with dentists and that other professionals who are able to pass on oral health advice be trained by the Oral Health Promotion team. Professional groups include:

- ▶ Teaching staff and learning mentors
- ▶ Social Workers
- ▶ School Nurses
- ▶ Health Visitors
- ▶ Youth Services
- ▶ Midwives
- ▶ Child-care workers and child-minders.

Service specifications for relevant professionals, including health visitors and school nurses, should be amended to include oral health actions.

Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.

Recommendation 13: Maternity and Early Years

It is recommended that health visitors and midwives be trained to provide oral health advice to new parents on the key stages of infant oral health development and health services, Key stages include a child’s first tooth and registration from age 1 with a local dental practice, free NHS dental treatment for new and pregnant mothers and children and health advice on avoiding “teat bottles” and sugary liquids and foods.

Suggested Executive Decision: Commended to the INWL NHS PCT.

Water Fluoridation

Recommendation 14: Further Consideration of Water Fluoridation

It is recommended that the Council considers the political, financial and public health implications of water fluoridation and seeks to build a coalition of councils and health partners to instigate possible public consultation on the introduction of water fluoridation in the future.

Suggested Executive Decision: AGREED. Referred to full Council for debate.

Signed _____

Councillor Helen Binmore – Cabinet Member for Children’s Services

Signed _____

Councillor Joe Carlebach – Cabinet Member for Community Care

The London Borough of Hammersmith & Fulham