ROYAL BOROUGH OF KINGSTON UPON THAMES

HEALTH OVERVIEW PANEL

30 APRIL 2019

(7:30 pm – 9:12 pm)

Councillor Munir Ravalia (**Chair**)
Councillor Anita Schaper (**Vice Chair**)

Councillor Sushila Abraham
Councillor Kim Bailey
Councillor Mark Beynon
Councillor Olivia Boult
Councillor Kevin Davis
Councillor Lesley Heap
Councillor Maria Netley
Councillor Annette Wookey
Councillor Yogan Yoganathan

Advisory Members

* Jane D'Souza, GP Advisory Member
Kate Dudley, CEO, Kingston Carers' Network
Dr Liz Meerabeau, Chair, Healthwatch Kingston

* Absent

The following officers attended:

RBK
Iona Lidington, Director of Public Health
Andrew Cross, Corporate Head of Healthy & Resilient Neighbourhoods / Consultant in Public Health

Kingston CCG
Tonia Michaelides, Managing Director, Kingston and Richmond CCGs

Kingston Hospital
Sally Brittain, Director of Nursing and Quality

Dental Services item:
Jeremy Wallman - Acting Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy, NHS England and NHS Improvement – London Region
Dr Huda Yusuf - Consultant in Dental Public Health, Public Health England (London)
John Sheldon – Chair, Local Dental Committee
Dr Minesh Patel – Vice Chair, Local Dental Committee
Emma Pacey – Oral Health Promotion Lead, King's College Hospital Specialist Care Dentistry

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30. Questions

Mr Alan Moss (Kingston Mental Health Carers Forum) asked questions about the Thrive Kingston Mental Health Strategy - what has been achieved to date, what is the work programme to achieve this and could updates on progress be published in the public domain to enable people to be kept informed of their efforts?

Iona Lidington explained that there had been significant progress in mental health promotion and the development of the Time to Change Hub to reduce stigma. The strategy was developed using co-production with users and implementation is being facilitated with assistance from Health Watch Kingston.

Mr Nigel Spalding (Health Watch Kingston member) asked which social care topics had been considered by the Panel as its remit includes social care as well as health. Iona Lidington responded that the Panel had looked at provision of care closer to home and the co-ordinated care model.

Mr Spalding asked about social care provision and usage data on provision in Kingston, including home care, home care providers and costs. Iona Lidington confirmed that a range of data is collected. Dr Liz Meerabeau pointed out that Wandsworth has a useful RAG rating for social care indicators which she had sent to the Chair of the Panel with a request that Kingston could produce something along these lines.

Mr Karl Kember asked a number of questions including why there seem to be difficulties in patients being seen by a social worker and why the contact centre does not give more detailed information about how to see a social worker. Iona Lidington explained that there is no open door policy for seeing a social worker and a referral is needed (GPs can refer) followed by a process of telephone assessments co-ordinated by Kingston Co-ordinated Care which are based on social and clinical need. Referral and assessment are progressed with the permission of the individual concerned. GPs can also provide social prescribing.

In response to a further question about Autism assessments, Iona Lidington confirmed that the CCG had commissioned a new service but there is a waiting list for this.

Mrs Mary Clark asked why the closure of Murray House and Children's Centres were not scrutinised by the Panel. The Chair referred to the answer given at the meeting on 11 October when the question about Murray House was raised previously. He added that the Strategic Committees include a scrutiny role within their remits.

Mrs Clark put forward a number of topics which could be considered by the Panel including Crisis cafes, the take up by SWL of the NHS 111 service and the relationship between Local Pharmacists and GPs.

31. Apologies for absence and attendance of substitute members

Apologies were received from Councillor Kim Bailey and Tonia Michaelides, Managing Director, KCCG.

32. Declarations of Interest

Councillor Munir Ravalia (Chair) declared an interest in the Dental Services item as he is a dentist by profession.

33. Minutes

RESOLVED that:

The Minutes of the meeting held on 4 December 2018 are agreed as a correct record and signed by the Chair.

34. Dental Services and Oral Health in Kingston Appendix A

Dr Andrew Cross gave a presentation on Dental Health Services and Oral Health in Kingston. It aimed to cover the main points in the report and the Children's Oral Health Joint Strategic Needs Assessment (JSNA).

NHS England is responsible for commissioning NHS dental services including, primary dental services, community, specialist and out of hours services to cover both routine and urgent care but it does not include private dentists. There are 26 NHS dental practices distributed across the borough.

Any treatment that is clinically necessary to protect or maintain good oral health is available on the NHS and whilst most people will pay a contribution, some groups are entitled to free care.

Levels of access to NHS Dentists vary across Kingston. Tudor ward has the highest access rate, with 72.6% of children accessing an NHS dentist in the two years up to March 2017. However, St Mark's ward has the lowest access rate, with 46.7% of children accessing an NHS dentist in the same period. 63.4% children aged under 18 in Kingston have accessed an NHS dentist in the last 24 months, but only 37.7% 0-5 year olds.

Variation in uptake of services may be related to many different factors including:

- Fear of the dentist
- Cost (or perceived cost)
- Socio-economic status
- Ethnicity
- Looked after children

Local Authorities are primarily responsible for oral health promotion although dentists have an important role to play. Kingston, with a number of boroughs across South London, have funded an oral health promotion service which is commissioned by NHS England and is delivered by King's College Hospital. This provides oral

health promotion interventions targeting those at greatest risk of poor health outcomes.

In 2015-16, 1.1% of 5-9 year olds in Kingston had a tooth removed in hospital and this was the 8th highest rate in London. In 2018 work took place looking specifically at children's oral health which identified a number of key issues:

- Kingston has some scope to improve outcomes for children
- Preventative advice could reach some families earlier and could be more comprehensive
- The local environment is not always helpful for oral health
- Important to ensure systems are in place for oral health advice to reach all Kingston's communities

Steps have been taken to ensure Health Visitors (HVs) have an important role in dental health promotion. HVs are registered nurses and midwives who have additional training in community public health nursing to provide a proactive, universal service for children aged 0-5 years. They distribute toothbrush packs at the 1 year and 2½ year health checks and at other appropriate times, for example during talks on weaning and introducing solids, during drop-in clinics where oral health is discussed. A particular focus is given to families who are considered to be more vulnerable to health inequalities and where more intensive work is being undertaken.

Other recent actions include:

- Training for the health visiting teams.
- Ensure colleagues in school health are equipped with the skills to deliver messages to schools regarding healthy food and drink policies and lesson plans around this topic
- Ensure targets around the reduction of tooth decay are introduced into the specifications for school health and health visiting.

The following points were made by officers attending for this item:

Jeremy Wallman commented that it is useful to see this detail at local borough level. He pointed to the national programme - Start well - and which includes a number of initiatives around getting children to see dentist early, even before the teeth arrive. He added that regular publicity is needed about signposting and dental care being free for children. In response to a question later in the meeting about languages, he confirmed that some material is produced in different languages.

He explained that there is a single pathway across London for paediatric community dental services (CDS). The CDS filter out what can be done locally and cases where needs are more complex are forwarded onto hospital i.e. King's College Hospital. He reported that there has been a reduction in need for general anaesthetic (GA).

It was confirmed that levels of access by vulnerable groups is good locally and the

CDS is accessible by homelessness population however, there is always more work to do.

John Sheldon, Chair of the Local Dental Committee (LDC) added that the national dental check for children is good. He added that strategies are being developed for people in residential homes and those with impaired movement.

Dr Huda Yusuf, Consultant in Dental Public Health, PHE confirmed that the King's College CDS and some private providers do work in nursing and care homes. She added that she has worked on the JSNA for 18 months and Kingston has been exemplary in their approach compared with other areas of London.

Questions were then considered:

Mr Rob Robb (in the gallery) endorsed the change whereby primary care (GP services) are now being commissioned by CCGs and suggested it would be useful for dental care to follow this approach. Jeremy Wellman responded that currently dental services in London are commissioned by a single team of 30 people and to disaggregate this arrangement into CCGs would require significantly more resources. However, the health care commissioning structure is ever changing and with the progress of strategic transformation plans the five STP areas in London will begin to have oversight of dentistry.

In response to a question about dental health promotion aimed at people experiencing homelessness Iona Lidington stated that health awareness initiatives are taken to places where homeless people congregate on a six monthly basis and it is estimated that 68% of the borough's homeless people were seen in past year.

Jeremy Wellman stated that the areas of need for homeless people change as that population tends to move and commissioners work with providers to better understand what is happening. Needs can be identified reasonably well by agencies working with homeless people as these groups are quite tightly connected. The overall level of provision for homeless is reasonable but there are still pockets where more needs to be done. There are for example enhanced services in Lambeth. Generally services for homeless people falls under local authority commissioning.

Concern was expressed at the high number of dental extractions in children particularly in an affluent borough such as Kingston. It was stated that frequent intake of sugary drinks and foods leads to acid attack and it is considered that the best approach is to strengthen the education model. Dietary advice may not be reaching children whereas brushing does and HVs are best placed to have explicit discussions on intake rather than once children reach dentists.

Jeremy Wellman explained that London is unique in the provision of dental services. There are 14 hospitals across London whereas other larger more rural areas have just one. The population is transient in London and this will generate a level of activity which no other part of the country will see. However the use of GAs is reducing in London and it is important that referral patterns utilise all dental professionals. One bad experience can deter future visits.

A question was asked about whether HV and school nursing capacity is monitored to ensure dental health promotion can be delivered effectively. Iona Lidington responded that the service is provided in conjunction with Your Healthcare and they have been willing to take on dental health promotion and the JSNA has led to greater partnership working.

Various questions were asked about the demographic detail and the JSNA survey outcomes for children which were shown during the presentation. Dr Huda Yusuf responded there had been considerable improvement since the time of the previous survey in 2009. However, a suggestion was made that the demographics seemed to be weighted to the slightly more well off families.

It was suggested that 9 year old children should be able to take on responsibility for their own dental health and a question was asked about how many schools have had specific training or talks by HVs on oral health. The questioner had discussed with head teacher today it appeared that dental health is more of a science subject rather than oral health and there is a need to scrutinise that appropriate work is happening.

Emma Pacey confirmed that health promotion teams have undertaken training in schools and there is partnership working on lesson plans. A co-ordinated approach around healthy lifestyles is considered to be more effective than stand-alone oral health sessions.

It was confirmed that Kingston has been active in the Healthy Early Years which works across London and the Oral health promotion team was working in schools to train staff. It was confirmed that this includes working with private nurseries. Iona Lidington added that the model for school nursing has changed for 2019/20. Health link workers are now in place in secondary schools 2 days per week and this approach is beginning to happen in primary schools. Teaching staff are encouraged to know their school health link workers.

In response to a question about access to dental services for looked after children, Jeremy Wallman confirmed that this particular group is regarded as an eligible group for accessing the CDS.

In response to a question about an adults' survey it was confirmed that there is no funding to conduct this and information is collected at practice level and results would be available at end of this year.

In response to a question about universal screening for children who haven't seen a dentist Huda Yousef stated that this is not effective and there was a legal challenge in Manchester around consent so the programme was halted.

In response to questions around ethnic and language diversity and disseminating information about services and oral health it was confirmed that networks with faith leaders, family support groups etc are constantly being forged. Iona Lidington stated that the voluntary organisation Learning English at Home includes a health component on access to services.

In response to a question about the JSNA and how it is tailored towards local needs Dr Huda Yusuf stated that the JSNA is based on a document from Public Health England and it identifies what will work in Kingston from an evidence-based perspective. The approach is very much on healthy early years and healthy schools - "no snack" policies, water fountains rather than vending machines.

A question was asked about the possible collection of decay rates by practice and whether this would inform where dental health promotion could be targeted. It was confirmed that epidemiology is done not by practice but in schools by taking a random sample. Public Health is looking at five schools with the most deprived children and this will inform where actions should be targeted.

A member requested that the Panel considers delivery against JSNA targets at a future meeting and Iona Lidington suggested that the best approach would be to consider data from a whole school year.

AGREED that:

1. The report and verbal information is noted; and

2. An update on the Kingston Children's Oral Health JSNA once a full year's data is available is brought to a future meeting for noting.

Voting: unanimously in favour

35. Minutes of the Health and Wellbeing Board **Appendix B**

RESOLVED that: The minutes of the Health and Wellbeing Board held on 15 November 2018 are noted.

36. Work Programme

RESOLVED that: the work programme for the next meeting was noted (Health Screening and update on CAMHS).

37. Urgent Items authorised by the Chair

There were no urgent items.

Signed…….Date…….
Chair