

Meeting:	Cabinet
Decision date:	Thursday 17 January 2019
Title of report:	Executive response to the spotlight review concerning dental health and childhood obesity
Report by:	Cabinet member health and wellbeing

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To agree the executive response to the recommendations from the spotlight review into dental health and childhood obesity for children families in Herefordshire.

A spotlight review focusing on dental health and childhood obesity was undertaken following concern about the levels of tooth decay and childhood obesity in Herefordshire reported in the Understanding Herefordshire Joint Strategic Needs Assessment 2017.

A broad range of local partner organisations attended the spotlight review in September 2018 and presented evidence and detail of work being undertaken to progress the priorities of dental health and childhood obesity. The spotlight task and finish group reviewed the evidence and identified recommendations, which were finalised and agreed with the children and young people's scrutiny on 12 November 2018.

The spotlight review made 19 recommendations, of which nine directly relate to the executive. The recommendations cover on oral health: recruitment of dentists, dental access centres and rurality, early years dental access, sugary food advice, access to dentists and fluoridation; and on obesity: maternity services, obesity and mental health, planning restrictions on fast food restaurants, active travel measures, survey of parental food choices and cookery teaching in schools and open spaces and green infrastructure.

We recommend accepting seven recommendations, partially accepting one and rejecting one

recommendation. Our rationale for rejecting and partially accepting recommendations is to ensure that our approach is based on evidence and uses the most appropriate methodologies. The actions proposed under each recommendation, including the partially accepted and rejected recommendations, are given in Appendix 1.

Recommendation(s)

That:

- (a) the response to the children and young people scrutiny committee's recommendations regarding the spotlight review concerning dental health and childhood obesity in Herefordshire, as attached at appendix 1 be agreed.**

Alternative options

1. The executive could reject more or all of the recommendations of the spotlight report. This is not recommended as the issues of childhood obesity and dental health are substantial and require co-ordinated approach to begin to address. The spotlight report recommendations are based on a comprehensive review of data and discussion with a range of partners. Childhood obesity and oral health will have long-term consequences for the health and wellbeing of residents of Herefordshire, and consequently on Herefordshire Council, if they are not addressed now.
2. The executive could fully accept those recommendations which we recommend be partially accepted or rejected. This is not recommended as it would result in the divergence of resource to activities which are not based on clinical evidence, not allow the development of the most robust methodology for surveys and potentially miss the opportunity to work holistically with schools to tackle obesity and dental health.

Key considerations

3. The children and young people scrutiny committee agreed that a spotlight review focusing on dental health and childhood obesity be included in the committee's work programme for 2018/19. This was requested following concern about the levels of tooth decay and childhood obesity in Herefordshire reported in the Understanding Herefordshire Joint Strategic Needs Assessment 2017.
4. The spotlight review took place on 17th September 2018 and 14 Members attended (all Members of the Council were invited).
5. The children and young people's scrutiny considered the recommendations emerging from the spotlight review concerning dental health and childhood obesity at the committee meeting on the 12 November 2018. The Scrutiny committee reviewed the report from the task and finish group and made a number of additional recommendations. The final report of the outcomes and recommendations, including the recommendations from children and young people's scrutiny, is given in Appendix 2.

6. The aim of the spotlight review was to:
 - i. To provide a forum to undertake a comprehensive spotlight review of statistics, services and issues surrounding childhood obesity and dental/oral health;
 - ii. To enable the identification of gaps and opportunities for joint working;
 - iii. To assess the progress of key projects and available performance data;
 - iv. To consider potential future initiatives and projects; and
 - v. To inform a report to the children's scrutiny committee with potential recommendations relating to childhood obesity and dental health in Herefordshire.

7. A range of local partner organisations were invited to the spotlight review and were asked to present evidence and detail of work to progress the priorities of dental health and childhood obesity. Partner organisations who attended included: NHS England West Midlands, Healthwatch Herefordshire, Health and Wellbeing Board, Herefordshire Clinical Commissioning Group and Herefordshire Council including representatives from public health, Children's Wellbeing Directorate, Transportation Team and Strategic Planning.

8. The spotlight review made 19 recommendations, of which nine directly relate to the executive. The spotlight review recommendations are given here, with the ones for the executive shown in bold:
 - i. NHS England West Midlands is recommended to investigate methods and identify best practice in other areas to increase the levels of recruitment of dentists in Herefordshire.
 - ii. That the children and young people scrutiny committee supports NHS England's review of the provision of dental access centres to determine if they are providing an effective and cost-efficient service to the rural population of Hereford;
 - iii. NHS England is recommended to: consider alternative methods of providing dental care to rural populations including the provision of mobile dental services; provide an update following investigations of a mobile dental service; and potential timescales for its introduction;
 - iv. The children and young people scrutiny committee supports NHS England West Midlands, and the executive in the shared aim of promoting the attendance of children under 2 at dentists;
 - v. **NHS England West Midlands, the executive and the health and wellbeing board are recommended to coordinate efforts in the promotion of campaigns to encourage early years attendance at dentists;**
 - vi. NHS England West Midlands is asked to provide details of the number of children below the age of 2 attending dentists in Herefordshire;
 - vii. To recommend to Bounty the inclusion of information regarding dental care and samples of toothpaste for new-born babies in Bounty packs.

- viii. **The executive is recommended to promote a campaign to highlight those foods which are harmful to teeth and those which are sugar smart;**
 - ix. NHS England West Midlands is recommended to provide clarity regarding how people access dental services;
 - x. NHS England West Midlands is recommended to work with dental surgeries to ensure that information about capacity and access on websites is up to date;
 - xi. NHS England West Midlands is recommended to investigate under-capacity at dentists in Herefordshire and reports of local residents being denied registration and responds to the children and young people scrutiny committee with detail of the outcomes of the investigation.
 - xii. **The executive is recommended to expedite a feasibility review of fluoridation in all of Herefordshire's water supplies (mains and private) through the Oral Health Strategy Group and produce a full cost and health benefit analysis of it's potential introduction;**
 - xiii. The CCG is recommended to include in the review of maternity services: methods of promoting a healthy ante-natal and post-natal weight for mothers; consideration of the weighing of pregnant mothers by midwives and setting target weights; and the promotion of breast feeding.
 - xiv. **The executive and CCG as joint commissioners of mental health services are recommended to consider the provision of therapy to address underlying mental health causes of excess weight and impacts of childhood obesity;**
 - xv. **The executive is recommended to use public health data to identify areas where evidence exists to support a restriction on fast food takeaways; and**
 - xvi. **The executive is recommended to evaluate the introduction of a policy to regulate the prevalence of fast food outlets in those areas identified.**
 - xvii. **The executive is recommended to fast track measures to enable safe walking and cycling, within the city of Hereford and our Market towns, and to encourage these modes of active travel to reduce obesity and to enhance mental and physical health and wellbeing.**
 - xviii. **The executive is recommended to commission a survey into the eating habits of parents and their children and the provision of cookery lessons at local schools. It is recommended that the survey targets three local schools (one to the North of Hereford; one to the South of Hereford; and one in a rural area) and asks: what home cooked meals are provided for children; what fast food/convenience food do children eat; and what cookery lessons occurred at the schools.**
 - xix. **The executive is recommended to safeguard green spaces as areas for people to exercise and consider the increased provision of allotments in the green infrastructure strategy.**
9. We recommend the executive accept recommendations v, viii, xii, xv, xvi, xvii and xix; partially accepts xviii and rejects xiv.

10. We propose partially accepting recommendation xviii: “The executive is recommended to commission a survey into the eating habits of parents and their children and the provision of cookery lessons at local schools. It is recommended that the survey targets three local schools (one to the North of Hereford; one to the South of Hereford; and one in a rural area) and asks: what home cooked meals are provided for children; what fast food/convenience food do children eat; and what cookery lessons occurred at the schools”. Whilst we agree with the basis of this recommendation in terms of the value of survey and role of schools, our rationale and suggestions for the executive are:
- a. Survey: We agree that developing a survey of parents and/or children to enable baseline measures and change in attitudes and behaviours will be useful to both understand the current situation and measure the impact of interventions, such as campaigns. However, such a survey will need to be considered in detail to ensure robust measures and methodology. We would not therefore, at this stage, agree that the survey will be undertaken through three schools, for example, early years settings might be more appropriate or an online survey of teenagers. Rather, we propose that we develop appropriate survey tools and methods to enable baseline and outcomes to be measured.
 - b. Schools: We propose working more broadly with schools to encourage a holistic approach to children’s wellbeing. Specifically, we propose in the first instance to work with the Children’s Board to gain a better understanding of current activities and identify where opportunities lie. Work with schools may include a survey (a survey of food provision and menus in early years’ settings was undertaken in 2017) but there are also a range of interventions which could be implemented, for example, training, awards scheme, daily mile, growing schemes.
11. We propose rejecting recommendation xiv “The executive and CCG as joint commissioners of mental health services are recommended to consider the provision of therapy to address underlying mental health causes of excess weight and impacts of childhood obesity”. The causes of overweight and obesity are associated with the obesogenic environment, parental behaviour and poverty leading to overeating, eating too many sugary and fatty foods, large portion sizes and lack of physical activity. Underlying mental wellbeing impacts on healthy behaviours however we do not see that provision of therapy is the most appropriate response to improving this across the population. National Institute for Health and Clinical Excellence (NICE) has published guidance on the management of obesity in adults and children. NICE recommends assessment of psychological problems alongside many other factors including underlying causes, eating behaviours, environmental, social and family factors, willingness to change and others. However, the treatment of choice for the individual recommended by NICE is multicomponent lifestyle interventions which include behaviour change strategies to increase people’s physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person’s diet, and reduce energy intake.
12. We therefore propose that we focus on ensuring we have evidence-based pathways and interventions available in Herefordshire. Specifically this will include:
- i. working with the CCG to ensure we are following NICE recommended pathways;
 - ii. introducing a weight management programme for children and families; and
 - iii. rolling out of the Solihull Programme, including the online resource for parents to contribute to positive mental health and attachment for parents and children and help to foster positive parenting and building children’s resilience.

13. The actions we propose to undertake to address each of these recommendations are given in Appendix 1.

Community impact

14. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make to ensure intended outcomes are achieved. The council needs robust decision-making mechanisms to ensure our outcomes can be achieved in a way that provides the best use of resources while still enable efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
15. Proposals to take a range of actions in order to reduce childhood dental decay and obesity will be designed to impact on all communities and families and would be in line with a number of local and national strategies including: Herefordshire Council Corporate Plan 2016-20, to “keep children and young people safe and give them a great start in life”; and also the Prevention is Better than Cure Plan (November 2018) which reiterates the Government’s ambition to halve childhood obesity by 2013, to improve dental health and identifies the role of schools in terms of the food they serve and providing opportunities for physical activity. Improving dental health and reducing childhood obesity have been identified as priorities for the Health and Wellbeing Board.
16. A child health integrated needs assessment (ChINA) has been undertaken by the council’s Intelligence Team in order to provide the evidence base for the forthcoming Children and Young People’s Plan and recommendations relating to improving diets and oral health and increasing physical activity are in line with the needs assessment. The ChINA will be released as an appendix to the Children and Young People’s Plan (December 2018).
17. All actions undertaken will reflect corporate parenting principles. Looked after children receive health assessments, which include dental status and appropriate interventions.

Equality duty

18. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

19. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services.

20. National evidence points to a connection between socio-economic deprivation and poor dental health, and also ethnicity – particularly eastern European. There is no current evidence of an overall association between area deprivation and dental health of children across Herefordshire, but levels of tooth decay are particularly high in South Wye West and Leominster – which are also amongst the most deprived areas in the county.
21. Higher rates of obesity are seen in more deprived areas of Herefordshire, particularly in south Hereford and north Leominster. However, there are no areas of the county where fewer than ten per cent of children are obese when they leave primary school – highlighting the extent to which childhood obesity is a countywide issue.
22. Around 4,300 children living in poverty across the county and around 1,900 county school children are eligible for free school meals.
23. It is widely understood that the most deprived areas are concentrated in Hereford and the market towns. In some areas of south Hereford and Leominster, as many as one in three under 16s live in income deprived households – double the overall county rate. However, this focus can hide the fact that children are affected in every area of Herefordshire; the rural areas in and around the parishes of Kingstone, Wormbridge, Weobley, Dinmore and Bodenham have child poverty rates of at least the national level.
24. This means that there will need to be elements of both universal provision and access to some interventions and more targeted interventions where we have clear evidence that this would be the most appropriate course of action.
25. The proposed responses as set out are paying due regard to this as there is a focus on prioritising areas with greatest needs, and as such we do not believe that they have a negative impact on our equality duty.

Resource implications

26. There are cost implications to these recommendations both in terms of staffing resource and budgets. For the most part it is anticipated that the actions outlined can be undertaken within planned budgets, for example using the Public Health Ring Fenced Grant. Where opportunities arise, additional external funds will be sought. There are no additional IT or property requirements arising from these recommendations.

Legal implications

27. There are no specific legal implications with regard to the recommendations.

Risk management

28. There are minimal risks associated with agreeing the content of this report as the recommendations provide information and indicate how the work is being taken forward.
29. . We will identify specific risks as we develop the actions and monitor progress against targets, as set out in Appendix 1. The main risk is to not take action at all. This is likely to result in children continuing to be overweight and suffer disproportionately from poorer dental health and counterparts across England.

Consultees

None

Appendices

Appendix 1 – Summary of recommendations and executive responses to the spotlight review of dental health and obesity

Appendix 2 – Spotlight review of dental health and obesity task and finish group report

Background papers

None identified