

### TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A formal notice had been issued to all concerned of a meeting of the Tees Valley Health Scrutiny Joint Committee to be held on 9 February 2010. At the appointed time of 10.00 a.m. the following were present: -

**PRESENT:**

Representing Hartlepool Borough Council:  
Councillor G Lilley

Representing Middlesbrough Council:  
Councillors Carter, Cole and Junier (as substitute for Councillor Dryden)

Representing Redcar & Cleveland Council:  
Councillors Higgins and Mrs Wall

Representing Stockton-on-Tees Borough Council:  
Councillor Mrs Cains (Chair).

**OFFICERS:** J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), S Zahur (Redcar & Cleveland Council) and P Menear (Stockton-on-Tees Borough Council).

**\*\* PRESENT BY INVITATION:** Councillor Mrs Skilbeck (Hambleton District Council)  
Kamini Shah, Consultant in Dental Public Health, NHS Tees.

#### **\*\* QUORUM**

The required quorum in accordance with the agreed protocol states that the quorum of the Joint Committee should be six for general meetings and one third for review meetings and that each authority should be represented. In the absence of a quorum and given the business to be transacted it was agreed by those present to proceed with the items on the agenda on an informal basis and any decisions to be formally considered at the next meeting of the Joint Committee.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Newall, Mrs Scott and Mrs Swift (Darlington Borough Council); Councillors Brash and Plant (Hartlepool Borough Council); Councillor Dryden (Middlesbrough Council); Councillor Carling (Redcar and Cleveland Council); and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

#### **\*\* DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Mrs Cains	Personal/Non Prejudicial	Any matters relating to Tees Oral Health Advisory Group – member.
Councillor Mrs Wall	Personal/Non Prejudicial	Any matters arising relating to North East Ambulance Service NHS Trust - related to a number of employees.

#### **\*\* MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 11 January 2010 were submitted.

**AGREED** that it be recommended that the minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 11 January 2010 be approved as a correct record.

**MATTERS ARISING – CANCER SCREENING SERVICES ACROSS THE TEES VALLEY – JOINT COMMITTEE FINAL REPORT**

Reference was made to the Joint Committee's Final Report on Cancer Screening Services across the Tees Valley, which the Chair would be presenting to one or more of the Primary Care Trust Board meetings.

It was confirmed that additional statistical information as requested by Members had been included in the Final Report.

**NOTED AND APPROVED**

**ORAL HEALTH STRATEGY FOR TEES**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from NHS Tees to provide a detailed briefing regarding recent progress in the implementation of the Oral Health Strategy a copy of which had been circulated to Members.

The Chair welcomed Kamini Shah, Consultant in Dental Public Health, NHS Tees to the meeting who provided a six monthly update on the implementation of the Oral Health Strategy.

Since the Primary Care Trust had taken over responsibility of NHS dentistry in 2006 the Oral Health Strategy had been the first of such strategies and was a five-year plan covering 2009-2014. The document set out the strategy for improving oral health and commissioning Primary Care Dental Services by each of the PCTs across the Tees. It was acknowledged that although recent statistics had shown improvements in oral health, the strategy was a substantial five-year programme and it was likely to take considerable time to demonstrate the impact and long term benefits of such policies.

As part of the information provided a PowerPoint presentation was given which focussed on the three main objectives of the strategy setting out the need for change and identifying priorities.

The first objective in the Strategy centred on how to improve oral health and reduce inequalities. In terms of the current status it was noted that oral health was the highest disease experience in children across the North East with parts of Middlesbrough showing the worst incidence and areas of Hartlepool reflecting the best levels of oral health. Statistical information showed that five out of ten five year old children had experienced some decay and on average every five year old had over two decayed, extracted or filled teeth. Levels of untreated decay remained unacceptably high with levels of decay having increased and rates from oral cancer for men were shown to be twice the national average.

Graphical information was presented which highlighted the mean number of decayed missing and filled teeth (dfmt) in five/six year old children across Teesside (BASCD 2005/6) and reflected the inequalities across the Tees on a ward basis. Such information demonstrated the highest levels of dfmt mainly in Middlesbrough, Redcar & Cleveland and Stockton-on-Tees with Hartlepool showing the lowest. Information was also provided which demonstrated that Hartlepool, North Tees, Langbaugh and Middlesbrough were all above the 2003 Department of Health national target of one decayed tooth for five-year-olds.

It was acknowledged that improvements in oral health could not be delivered by treatment alone and there was a need to tackle the determinants of poor oral health as set out in the Strategy.

It was considered that water fluoridation reduced the prevalence of dental decay levels. The Tees PCT had approached the Strategic Health Authority for a consultation on water fluoridation with specific regard to those areas shown to have high levels of disease in respect of oral health. Reference was made to areas such as Hartlepool, where the water naturally contained fluoride and as previously identified had lowest levels of tooth decay even in areas of high deprivation. In terms of local authorities it was reported that Stockton-on-Tees Borough Council had approached the Strategic Health Authority for a consultation on water fluoridation. An indication was given of an area elsewhere in the UK where different views had been expressed resulting in a judicial review the outcome of which was awaited.

It was acknowledged that there needed to be an additional focus on preventative measures in areas such as: -

- a) Oral Health Promoting Practice to ensure prevention formed part of a child's treatment plan and pursuing projects such as tooth brushing packs for children;
- b) Stop Smoking 'brief intervention' at dental practices to give smokers advice and 'sign post' stop smoking services;
- c) Sensible drinking advice to be given;
- d) Community programmes such as the second Birthday Card Scheme for children.

Reference was made to efforts to reduce inequalities in hard to reach groups including:

- a) identifying community advocates for oral health to assist in promoting various preventative initiatives such as fluoride varnish scheme;
- b) parent support advisers in schools as part of the healthy schools programmes;
- c) develop links with GPs/specialist nurses to signpost patients with cardio-vascular disease, diabetes, oral cancer and other conditions.

Graphical information was provided which showed the effects of fluoridation and deprivation on dental health and the number of dmft found in five year olds in 2005/2006. The information demonstrated that the four most affluent wards in Teesside excluding Hartlepool were at the same level as the four most deprived wards in Hartlepool where fluoride existed naturally in the water.

Reference was made to a number of projects being pursued involving schools including: -

- a) school based prevention programmes;
- b) promoting Smile Sack an education resource aimed at nursery and reception schools and linked into the tooth brushing programme;
- c) Adopt a School scheme which aimed at developing links between schools and dental practices and helping to build up trust between such parties.

The Joint Committee was advised of measures to improve the availability of information and marketing of dental services which included a specific campaign in the community; targeting Children's Centres/ home visitor programmes; supermarkets; and using the mobile surgery in communities to promote and provide care from non-traditional locations.

In terms of oral cancer specific reference was made to work being undertaken which included a media campaign to raise awareness over the next couple of months; oral cancer examinations in targeted communities; monitoring systems to ensure every check-up included an oral cancer screen; and commission research to understand factors leading to late diagnosis.

The Joint Committee's attention was drawn to Objective 2 of the Strategy: Improving Access to NHS Dentistry and the intention to focus on the following areas: -

- a) a need to dispel myths about poor access;
- b) media campaign as previously indicated to include four road shows in shopping centres; TFM radio adverts; launch of dental helpline 0345 045 0620; and advertising on buses and bus shelters;
- c) everybody wanting care will have access;

- d) more flexibility in terms of extended opening hours and after school appointments;
- e) reduce waits for new, routine and specialist appointments;
- f) new procurements in 2010 based on needs assessment;
- g) learning disabilities equity audit;
- h) encourage early uptake of dental care ensuring that children by their second birthday were offered a check-up appointment with a NHS dental practice.

Specific reference was made to new dental practices in Skinner Street, Stockton and at Skelton and to a new dental education and practice facility at Teesside University training 12 dental nursing students and 12 dental therapy students each year.

The third objective in the Strategy was on how to commission high quality, health outcome based services to meet local needs focussing on: -

- a) commissioning for health;
- b) 'Steele Review' pilots to improve access, quality of services and promote preventative work;
- c) contracts that rewarded prevention and delivered improved outcomes;
- d) new paediatric specialist service;
- e) need for a specialist dental service for cancer patients;
- f) new Dental Care Professional School;
- g) develop the skills of the wider dental team;
- h) involve clinicians in service design;
- i) act on patient feedback.

Members referred to and sought clarification on the oral cancer mortality rates in Teesside. Although it was recognised that oral cancers accounted for 4% of all cancer cases in the UK statistical information relating to oral cancer mortality rates per 100,000 population in Teesside PCTs for 2002-2005 showed that in Hartlepool such rates for men were double the national average at 14. It was confirmed that more detailed information in this regard could be provided to Members.

Reference was made to the prevalence of fluoride in the water at Hartlepool and views, which had been expressed regarding a possible correlation between fluoride and increased thyroid problems. Kamini Shah responded that although she was unaware of such links she would look into it and report back to Members. It was noted that the balance of evidence would be the determining factor in such matters.

Members gave an indication of persons, in particular vulnerable elderly persons not in receipt of benefits who had experienced difficulties in affording dental treatment. It was confirmed as stated in the Strategy that the aim of the PCT was to improve access and provide care for all. Reference was made to the recently launched dental helpline to obtain information on NHS dental practices and availability. As part of the oral health strategy the PCT was working with dental practices to encourage increased access and take on new patients where capacity existed and there was an identified need.

Information was sought on how local authorities could assist where appropriate in support of the strategy. It was reiterated that Stockton-on-Tees Borough Council had approached the Strategic Health Authority with a view to a consultation on water fluoridation.

Members referred to a number of projects which were being promoted in schools aimed at encouraging children to look after their teeth reinforcing healthy eating and oral health messages. In their capacity as school governors Members indicated how such schemes could be supported and encouraged. Specific reference was made to the Smile Packs, which included educational games, and a CD featuring a song composed by pupils from Bydales School at Marske about brushing teeth. Details were also provided regarding the benefits of the fluoride varnish scheme which slowed down the process of tooth decay.

In commenting on particularly vulnerable groups in the community the need to work closely with GPs on appropriate oral health advice as outlined in the strategy was reiterated.

Whilst a number of suggestions were made for the location of mobile surgeries and areas where the oral cancer programme should be targeted it was acknowledged that it was often complex in ensuring that the most appropriate and effective areas were selected. It was considered that further discussions should be pursued with the individual authorities to ensure that this was achieved.

The Joint Committee supported the publicity measures being promoted and in particular referred to the use of poster campaigns on buses and in appropriate community settings.

**AGREED** as follows: -

1. That Kamini Shah be thanked for the presentation and information provided.
2. That updates on the implementation of the Oral Health Strategy be submitted on an annual basis.
3. That Oral Health and areas for development of Oral Health be considered as topics for inclusion in the Joint Committee's 2010/2011 scrutiny work programme.
4. That the Oral Health Strategy and the update on implementation be submitted to the respective health scrutiny committees of the constituent local authorities.

**\*\* DATE OF NEXT MEETING**

It was confirmed that the next scheduled meeting of the Tees Valley Health Scrutiny Joint Committee would be held on Monday 8 March 2010 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

It was confirmed that arrangements were being made for the showing of the DVD in respect of the Race for Life referred to at the meeting of the Joint Committee held on 17 December 2009.

**NOTED AND APPROVED**