

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 26TH SEPTEMBER, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 26TH SEPTEMBER, 2019 at 1.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, Martin Greenhalgh, Pat Haith, Rachel Hodson and Derek Smith

ALSO IN ATTENDANCE:

Councillors Nigel Cannings and Neil Gethin

Thomas Frith, Young Advisor
Marianne Zamgoni, Young Advisor
Helen Conroy, Public Health Specialist
Carrie Wardle, Public Health Specialist
Susan Hampshaw, Head of Service Public Health

APOLOGIES:

Apologies for absence were received from Councillors Cynthia Ransome, Sean Gibbons and John Gilliver

		<u>ACTION</u>
10	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made at the meeting.	
11	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 4TH JULY 2019</u>	
	The minutes were agreed as a correct record.	
12	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
13	<u>HIDDEN HARM: THE IMPACT OF PARENTAL SUBSTANCE MISUSE</u>	

ON CHILDREN AND YOUNG PEOPLE

The Panel was provided with a presentation relating to the impact of parental substance misuse on children and young people addressing:

- What is hidden harm;
- The size of the problem in Doncaster;
- How services respond and how local authorities can prevent harm;
- Delivery challenges; and
- Improvements that could be made.

The presentation raised a number of issues addressed by the Panel, as follows:

Families Moving On Together (FMOT) Programme – was confirmed as a relatively modest programme and funded through the Public Health and Stronger Families allocation.

Referrals - with regard to the threshold, it was acknowledged that there was a slight misconception that families should already be part of the Aspire programme or known to drug and alcohol support services, but this was not the case. Anyone could be referred, where the impact of parental substance misuse was having an impact on their children or young people and noted that this was an area of work that required further promotion with referring practitioners. It was noted that if Members wished to help a constituent find help they could approach the Aspire or Project 3 schemes.

Joint Commissioning Agenda – ensures there was a greater emphasis of provider partner organisations working together, supported by a number of strategic initiatives eg. The Place Plan. At an operational level officers hold a commissioning budget and it was highlighted that more integrated working would be welcomed. There was no set solution with regard to Joint commissioning for this issue but it could be successful due to the close working relationships between the Local Authority and Doncaster Clinical Commissioning Group (CCG).

Impact on Doncaster Families – Members learnt that following modelling of support services the impact of hidden harm on families could be larger than expected and concern was expressed that some people were not accessing or receiving required support.

It was hoped that across universal services for example, school staff, school nurses and NHS there was a confidence and skills to raise and address any concerns. It was highlighted that school staff and Governors were required to undertake safeguarding training and suggested that a session on hidden harm could be added to this.

Stronger Families Programme – Members recalled that the funding

was for a limited time period and that some really good success stories had been developed as a result of this piece of work. Concern was expressed however, that if this preventative work was not undertaken then simple family tasks, for example, ensuring children were attending school and had eaten breakfast would not be a priority, when serious hidden harm issues were developing in a family unit.

Public Health Allocation Funding – was used for many public health services across the remit including the smoking cessation and adult drug treatment services. It was noted that it was becoming increasingly difficult to deliver services under a shrinking health budget allocation ultimately requiring services to be remodelled. It was confirmed that funding for treatment services was recurrent and ring-fenced but this could change in the future.

Well North Project – The Panel addressed whether hidden harm was a key part of this project and suggested that its profile be raised to assist with the issue to further support people within our communities.

Barriers to providing hidden harm support – in response to concern relating to buy-in from partner organisations, it was noted that there was good will but not necessarily the structures or teams in place to successfully support families at this time. However, Members were pleased to note that organisations were keen to support the agenda.

Neglect Toolkit – The Neglect Strategic Group had a newly appointed Chair, the Principal Social Worker, and it had been recognised that the toolkit required revising to ensure it was more widely used. Members acknowledged that it was a very time consuming and substantial document and it may be that practitioners lacked confidence to use it with families. It was also suggested that families could view it as another tool to challenge them rather than assist them.

Early Years training – Members expressed the wish for all early years practitioners and those currently in training in this field to be made aware of Doncaster's position and the need for hidden harm training to be routinely embedded into educational courses at all levels.

RESOLVED that:-

1. The Executive be requested:
 - i. To ensure that measures be put in place to ensure all Councillors are aware and informed of the support Aspire and Project 3 can offer.

Reason: Members had found the discussions very interesting and informative and wished to offer additional support by raising awareness of the services available and to assist with

	<p>signposting, if required.</p> <p>ii. That early years education establishments be provided with information on Doncaster’s current position and the potential impact of hidden harm.</p> <p>Reason: The Panel was keen to ensure that all teaching providers in this field were aware of Doncaster’s position with regard to Hidden Harm, providing a local perspective to academic training.</p> <p>iii. To consider if the Hidden Harm profile could be raised through the Well North project.</p> <p>Reason: That awareness of the Aspire and Project 3 be provided through the Well North Project to assist with work undertaken when addressing complexities across some families but also the community as a whole. This would support the work undertaken through public health.</p> <p>2. Overview and Scrutiny add an update on the Stronger Families programme to its work plan.</p> <p>Reason: Members were made aware of the funding contribution towards the Aspire Scheme from the Stronger Families budget. The Panel stressed it was aware of the work undertaken by the Stronger Families programme and highlighted it wished for an update to be added to the Overview and Scrutiny Work Programme.</p>	
14	<p><u>CHILDHOOD OBESITY AND ORAL HEALTH IN 0-5 YEAR OLDS</u></p>	
	<p>To accompany the report, a presentation was provided to Members addressing health and social risks associated with obesity and poor oral health. The following areas were addressed by the Panel in detail.</p> <p><u>Barriers to oral health in infants</u> – in response to concern expressed, relating to when an infant’s dental check was deferred to when they reached 2 and half year years old, it was hoped this was the exception rather than the rule. Members stressed that deferring their first treatment would create a barrier and by which time the child could already have poor oral health. Therefore it was outlined that parents needed to be more aware of what was available for their child, for example, the offer of fluoride varnish for any child.</p> <p><u>School health/dental visitor</u> – It was confirmed that there was no additional funding for dentists to make school visits however Members</p>	

learnt that a community dental facility was available for school children with special educational needs who may have additional care requirements. The facility was based at the Flying Scotsman with strong criteria used when assessing whether a child was eligible to receive treatment. Unfortunately it was noted that the traditional school dental nurse was no longer a service that could be provided.

Due to schools efficient use of global text messaging systems it was suggested that they could be asked to send an annual information message reminding parents that children should be registered with a dentist and that the offer of fluoride varnish for any child should be made available to them.

It was confirmed that the Health Visiting Service was commissioned to provide families with a toothbrushing pack before their child reached 1 year old and supervised toothbrushing clubs were available in nurseries and key stage one settings. It was stressed that the toothbrushing club was also available to older primary school children but barriers to provision were sometimes created by school curriculum timetabling.

Education packages – The approach to poor oral health by schools was questioned but Members learnt that despite educational packages being in place and promoted, it was dependent on school take up.

It was suggested that the large screens provided in some schools be used to provide public information about the importance of good oral health.

Preventative work - Members were aware that tooth decay was the most common oral disease affecting children and that it was largely preventable. It was noted that when a child started primary/infant school a health questionnaire was circulated to all families and included a section on whether their child was registered with a dentist.

In response to proposals for the use of images showing poor oral hygiene, it was noted that when such material was used as part of promotion to improve dental health, it had mixed results with initial success tending to wear off quickly. An initiative that had made a difference was supervised tooth brushing schemes that built good habits at an early age. It was also noted that Sheffield University had devised an App that played music for 2 minutes to aid the length of time tooth brushing should be undertaken.

Dentist availability – it was noted that Doncaster had a good coverage service therefore there should not be many problems for a family to register with a dentist.

Obesity – In response to a query relating to when obesity becomes an issue of neglect and a safeguarding issue, Members learnt that

research undertaken by Sheffield University resulted in being inconclusive. It was stressed that obesity was not something that could be taken as a sole safeguarding issue, but other elements relating to health and wellbeing of a child or young person needed to be taken into account, before such a judgement could be made.

It was noted that families also received information from school nurses providing them with the opportunity for assistance but obesity was a very sensitive issue and parents could become resistant to help if their child was identified as being obese. Therefore a gentle approach to families was required and unfortunately some families do not take up the offer of help.

Community Food Educators – Members recalled that in recent years volunteers helped with parenting skills including how to provide a good diet rather than living on takeaway food, and indicated that this may be something that could potentially be investigated for the future. It was noted that the Adult Education unit still provided cook and eat sessions.

Teeth extraction in young children – in response to concern relating to the eldest child in a family requiring teeth extraction and what preventative methods were in place for vulnerable siblings, it was explained Public Health had links with clinics and provided preventative information but positive activity it was dependent on parental initiative.

Concern was expressed with regard to the statistics for teeth extraction in Yorkshire and Humberside and sought reassurance that performance was being recorded correctly. It was recognised that reducing the numbers were outside their control but hoped that any initiative would make a positive difference.

Members stressed that it was distressing for a child to have their teeth extracted and questioned what considerations were given by the Department of Health and NHS England to the cost of such procedures against better preventative work being undertaken by clinicians.

RESOLVED that:

The Executive be requested to:

1. Consider writing to NHS England asking them to investigate the cost of tooth extraction in young children compared to the cost of providing better preventative initiatives in dental practices.
Reason: Members were aware that tooth decay was the most common oral disease affecting children and that it was largely preventable. Strong concern was raised relating to the physical and emotional impact of a child losing their teeth through extraction and the financial cost of being anaesthetised in comparison to further preventative work being provided in dental surgeries.

	<p>Tooth decay preventative work undertaken by Public Health was recognised, for example, supervised tooth brushing schemes, but the Panel believed strongly that NHS England be encouraged to investigate the benefits of providing more support for preventative work in dental practices to offset the cost of a child being anaesthetised; and</p> <p>2. To consider encouraging schools, in collaboration with Public Health, to provide oral hygiene public information on the large TV Screens in schools and through an annual school texting service. The information provided could include a reminder that children should be registered with a dentist and that the offer of fluoride varnish for any child should be made available to them.</p> <p>Reason: Again, prevention was key to combatting poor oral health and the Panel hoped that using new technology to provide public information may help combat this issue.</p>	
15	<p><u>H&ASC O&S WORKPLAN UPDATE - SEPT 2019</u></p>	
	<p>The Senior Governance Officer presented the 2019/20 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>Members acknowledged the draft recommendations relating to the review work undertaken on All Age Learning Disabilities and Autism, which had been previously circulated to the Panel. Approval for these recommendations to be forwarded to the Executive was received.</p> <p>RESOLVED that:-</p> <p>1. The Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted; and</p> <p>2. A letter be forwarded to the Executive detailing the Panel's recommendations following the its review work undertaken on All Age Learning Disabilities and Autism.</p>	