



Doncaster Council

Report

Date: 26th September 2019

**To the Chair and Members of the
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL**

CHILDHOOD OBESITY AND ORAL HEALTH IN 0-5 YEAR OLDS

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture	All	No
Councillor Nuala Fennelly, Cabinet Member for Children, Young People and Schools		

EXECUTIVE SUMMARY

1. Childhood obesity and tooth decay in children both pose significant public health challenges. Overweight and obese children are more likely to stay obese into adulthood and are at increased risk of non-communicable diseases like diabetes and heart disease. Children from disadvantaged backgrounds are more likely to be overweight or obese and suffer from poor oral health.
2. Obesity in particular is a complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.
3. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight and good oral hygiene in children, young people and families rather than single interventions on their own.

EXEMPT REPORT

4. There is no exempt information contained in the report.

RECOMMENDATIONS

5. That the Panel considers the information presented

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Childhood obesity and tooth decay in children both pose significant public health challenges. Overweight and obese children are more likely to stay obese into adulthood and are at increased risk of non-communicable diseases like diabetes and heart disease.
7. Children in Doncaster continue to suffer the pain and discomfort associated with oral diseases, which are largely preventable. A healthy mouth and smile means that people can eat, speak and socialise without pain or discomfort and play their parts at home and in society. Oral health is an integral part of health and wellbeing and many of the key risk factors are associated with other diseases, including obesity.

BACKGROUND

National Evidence

8. National reports evidence that whilst obesity prevalence overall is plateauing, the obesity burden is increasing for children from the most deprived areas and this is worsening over time. Obesity inequality becomes most pronounced between the ages of 5 and 11. A five year old from a low income background is twice as likely to be obese than a child from the most affluent background and this becomes three times more likely at age 11 years.

Local data - Obesity

9. The latest National Child Measurement Programme (NCMP) data highlights that approximately 1 in 4 Reception Year children in Doncaster has excess weight (either overweight or obese), increasing to 1 in 3 by the time of leaving primary school. In relation to obesity; approximately 1 in 10 children are obese at the start of primary school and this doubles to 1 in 5 by the time of leaving.
10. Analysis of NCMP data shows that in Doncaster, excess weight prevalence increases as children age in primary school. There is inequality in relation to excess weight in primary school children in Doncaster with those in schools in the most deprived areas carrying the greatest burden.

Local data – Tooth decay

11. Children in Doncaster may attend hospitals in Rotherham, Barnsley, Sheffield or Bassetlaw for extractions due to tooth decay. The extraction of teeth under general anaesthetic due to tooth decay is the most frequent reason for hospital admission in children aged between 5 to 9 years in England.
12. In 2016/17 the majority of extractions occurred in the 5-9 year olds age group. In 2016/17, 97.1% of hospital admissions for extractions in Doncaster had caries as the primary diagnosis for 5-9 year olds (i.e. the extractions

were needed due to tooth decay). In 2016/17, 679 (3.5%) of 5-9 year olds in Doncaster had extractions for tooth decay This was the highest level in the country, much higher than the mean for England (0.7%) and Yorkshire and Humber.

13. Poor oral health is also related to deprivation, with children living in more deprived local authority areas experiencing poorer oral health than those from less deprived areas. In Doncaster prevalence of tooth decay was significantly worse for those living in the most deprived quintile than those in the least deprived quintile.

A Prevention Approach

14. Tooth decay may be prevented by reducing the amount and frequency of consumption of sugary foods and drinks and optimising exposure to fluoride, however common risk factors associated with poor oral health are shared with other diseases such as diabetes, cardiovascular disease, cancer and obesity.
15. It is well established that the factors contributing to child obesity are complex and multi-factorial with weight gain taking place over a period of time. Therefore, tackling the issue requires a range of interventions. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight in children, young people and families rather than single interventions on their own.

Programmes in Doncaster

16. The public health children and young people's (CYP) team are working to tackle some of the factors that can contribute to childhood obesity and tooth decay through a combination of commissioned services; provision of training and resources for people who work with children and young people; and the promotion of environments that support healthy behaviours.
17. Healthy Learning, Healthy Lives (HLHL) is Doncaster's own health and wellbeing award scheme designed for schools, colleges and early years providers. The comprehensive Healthy Learning Healthy Lives website supports settings with free resources and information that will enable them to promote health throughout their organisation and identify their own strengths and weaknesses and improve their own practice. A dedicated worker can offer support, advice and information to ensure all settings are able to successfully attain accreditation.
18. As well as educational settings, public health CYP team support the wider children and young people's workforce through the distribution of oral health and healthy eating promotional materials and best practice guidance. We also offer a comprehensive training programme for anyone working with children and young people around healthy eating and oral health promotion.
19. The public health commissioned services, Health Visiting and Schools Nursing, lead on the delivery of the Healthy Child Programme. Healthy eating, oral health, and physical activity are key themes running throughout the programme starting in the early years with promotion of breastfeeding, weaning advice and first foods, to school aged children and continuing advice around health eating, nutrition and promoting physical activity as a

means to support healthy development as well as to maintain a healthy weight.

20. 'Get Doncaster Moving' aims to help Doncaster's communities become healthier and more vibrant, by increasing participation in physical activity and sport. The Get Doncaster Moving Strategy was developed using the latest local and national data, and through consultation with a wide range of stakeholders. It sets out a framework for how we can get more people moving and has commitment from a range of organisations that form the Get Doncaster Moving Network.
21. Set within a backdrop of relatively high, and increasing inactivity levels, Doncaster has a wide range of delivery partners, connected both through the Get Doncaster Moving Network and the EXPECT Youth partnership. We are also one of twelve areas in England chosen by the government as an opportunity area (OA), designed to unlock the potential of our young people through education.
22. In response to a recent oral health need assessment (2018), the Oral Health Improvement Advisory Group (OHIAG) was established to provide a system to drive forward oral health improvement across the borough of Doncaster through implementation of the Oral Health Improvement Action Plan 2018/19.
23. Several oral health promotion initiatives are in place to help families improve their diets and reduce the amount of food and drinks containing added sugar.
24. Health Visiting teams work with families across the borough offering advice on infant feeding and promoting good oral health messages. Each family in Doncaster who is seen by the health visiting teams will be given an oral health pack containing a toothbrush, fluoride toothpaste, a children's book on attending the dentist, and other information about maintaining good oral health.
25. Public Health run a scheme for supervised tooth brushing sessions in nursery settings. Nurseries involved in the pilot have been targeted due to them being in areas of Doncaster where we know tooth decay is worse. It is estimated that up to 400 children will take part in the pilot which will end, and be evaluated, this summer.
26. With multiple risk factors associated with obesity and poor oral health, it is important to ensure a 'whole systems' approach in tackling these issues across Doncaster. Schools and Parents are important stakeholders in improving oral health, but must be seen as part of a wider strategy, which should be inclusive of multiple partners including early year providers, health care providers, local business, community and voluntary sectors.

OPTIONS CONSIDERED

27. There are no alternative options within this report as the intention is to provide the Panel with an opportunity to note and consider the information presented.

REASONS FOR RECOMMENDED OPTION

28. This is not applicable as there are no options to consider.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

29.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Prevention of long-term illness into adulthood which may affect an individual's ability to find and maintain employment.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Prevention of long-term illness into adulthood that may impact on an individual's ability to flourish and lead lives they value</p> <p>Support early formation of good habits in relation to consumption of healthy foods and incorporating movement and physical activity in to everyday lives</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Ensuring all children can participate fully in educational opportunities and are not held back by poor physical or mental health</p>

	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Support early formation of good habits in relation to consumption of healthy foods, movement and physical activity and good oral hygiene.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

30. There are no specific risks associated with this report.

LEGAL IMPLICATIONS [HP 11.9.19]

31. This area of work assists with our statutory duties under the Health and Social Care Act 2012 under which Local Authorities are responsible for improving the health of their local population and for public health services. In addition, this work will assist in ensuring the Council complies with its duty under section 11 of the Children Act 2004 in discharging its functions with regard to the need to safeguard and promote the welfare of children.

FINANCIAL IMPLICATIONS [HR 13/09/19]

32. Programmes identified within this report form part of the 2019/20 budget. There are no further financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS [BT 11/09/2019.]

33. There are no immediate and obvious HR implications associated with this Corporate Report. Designated individuals from within the Council's Public Health Staffing Establishment – 0-19 Years Theme team co-ordinate

aspects of the Childhood Obesity & Oral Health in 0-5 Year Olds subject matter. Any additional resource would be secured through the Safer Doncaster Recruitment policies and processes as necessary.

TECHNOLOGY IMPLICATIONS [PW 11/09/19]

34. There are no technology implications.

HEALTH IMPLICATIONS [CW 13/09/19]

35. Childhood obesity and tooth decay in children both pose significant public health challenges and both disproportionately affect children from disadvantaged backgrounds.
36. It is well established that the factors contributing to child obesity are complex and multi-factorial with weight gain taking place over a period of time. Therefore, tackling the issue requires a range of interventions. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight and good oral health in children, young people and families rather than single interventions on their own.
37. Public Health England (PHE) recently published 'Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight'. The guide takes local authorities through a 6-phase 'how to' process from engaging senior leaders and wider stakeholders to conducting system mapping and action planning workshops, to reviewing and adapting the approach.

EQUALITY IMPLICATIONS [CW 13.9.19]

38. This report outlines how work is being undertaken locally to reduce inequalities in health and improve health outcomes for those who experience disadvantage and poorer health outcomes. Delivery of these programmes and services aims to reduce inequalities for groups with protected characteristics and to promote equitable access.
39. Both tooth decay and childhood obesity affect children from disadvantaged backgrounds disproportionately. Some other protected characteristics are more risk of poor oral health or obesity including looked after children, different ethnic groups and children with disabilities. By utilising a whole systems approach that utilises multiple programmes to provide universal prevention whilst targeting those most at risk of poor health it is anticipated that inequalities could be reduced.
40. During the development of Public Health programmes and services, local data is utilised to identify those protected characteristics most at risk and understand the barriers they face, this includes local population health data and, where appropriate consultation with the target populations is undertaken. Interventions are designed and targeted to ensure that those most likely to experience poorer health outcomes, or those less likely to participate are engaged and that barriers are identified and mitigated.

CONSULTATION

41. Not Applicable.

BACKGROUND PAPERS

42. Not Applicable.

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