South Oxfordshire District Council
Listening Learning Leading

OXFORDSHIRE COUNTY COUNCIL
www.oxfordshire.gov.uk

Vale of White Horse

OXFORD CITY COUNCIL

Oxford City Health Overview & Scrutiny Sub – Committee

Scrutiny Review of Oral Health / Healthy Eating

Review Panel Members:
Cllr. Ann Tomline
Cllr. Margaret Godden
Cllr. Claire Palmer

Contents

Executive Summary

1. The British Association for the Study of Community Dentistry (BASCOD) Survey (2003/04) show Oxford PCT Area as having the worst mean scores for decayed & missing teeth of all Oxfordshire based PCT's. The scores for Oxford City PCT are still above the national average. However an analysis of the smaller schools samples for the survey and anecdotal evidence from teachers and health workers indicates that when oral health is poor it is very poor. The local evidence corresponds with national data linking poor oral health with deprivation. Using other deprivation indicators such as free school meal data also suggests that deprivation for children is more widespread in Oxford City than the Indices of Multiple Deprivation indicate.

2. Accessibility to dentists is a national problem that is reflected on a local level. Using NHS Direct data the review group noted a small rise from 8 to 12 practices (over a 6 month period) of dentists willing to accept new NHS registrations for patients under 18 years of age. (from a total sample of 34 NHS dental practices, within oxford City PCT boundaries)

   The Government reforms of NHS dentistry will mean extra funding of £128,000 for the Oxford PCT area targeted towards increasing registrations. New Personal Dental Service Contracts (PDS) have also been introduced which allow for greater flexibilities and freedoms to be built in.

   The review group thought that it was important for these PDS contracts to have proactive registering of patients as it was noted that not all families particularly those living in poverty, will access dental services.

3. Moderate fluoride concentrations in toothpaste have been identified by the Dept. of Health (DOH) & the British Society of Paediatric Dentistry, as a key preventive factor, to developing dental decay. However fluoride levels particularly in children's toothpastes vary and some brands targeted towards toddlers / babies contain under the recommended DOH levels.

4. The Healthy Schools Scheme in schools, seeks to encourage policies and approaches that foster better health into everything that schools provide. The review found that only 26% of primary schools within the Oxford PCT are signed up to the scheme.

   Schools surveyed were generally supportive of the benefits of the scheme but felt it was administratively daunting and that there needed to be more support resources, adding to the one co-ordinator in post.

However case studies revealed that where the Health Schools Scheme was in place the health agenda in the school in areas such as healthy eating became more embedded and focused.

5. The National Curriculum (NC) tends to be used by schools in a static and prescriptive manner on health issues, particularly on oral health. Health initiatives are usually seen in a competing rather than complimentary light with the priorities of the NC. This deflects from health messages becoming reinforced across all subject areas and age groups.

6. The School Free Fruit and Vegetable Scheme has been a huge success in a short space of time. Key successes of the scheme are schools moving over to fruit / vegetables only at snack times and children showing a greater willingness to eat different fruits / vegetables.

7. The school meal service provided by the Catering Facilities Management (CFM) had mixed reactions from schools and it is clear that the service is operating within a tight budgetary framework. CFM are undergoing a Best Value Review and this coupled with Government proposals for the school meals service, is likely to lead to fundamental service changes.

8. Community schemes such as the Healthy Living Initiative (HLI), demonstrate the impacts that can be made in terms of integrating healthy eating messages into the local community. A key strength of the HLI are its practically focused projects that include cookery courses in community centres and healthy eating stalls at a variety of community events.

9. A variety of health professionals were interviewed and it was clear that barriers to health services in deprived communities, is not solely one of physical access. Many families in these communities will not proactively seek out health services and do not easily relate to health professionals. It underlines the importance of targeted resources to erode these barriers. The local Sure Start programme is a good example of the impacts targeted resources can have.

Recommendations

R1) Dental health promotion work needs be targeted towards areas of poor oral health, using a broader range of deprivation data and taking note of the anecdotal evidence of health professionals and school data.

R2) Establishment of an Oral health Promotion worker within pilot areas showing high level of poor oral health e.g. Blackbird Leys, Barton, Cuttleslowe. The role of this worker would be to provide dedicated support for schools on oral health promotion and build links with local dental surgeries and schools.

R3.) The Personal Dental contracts should include targets for proactive work undertaken to encourage registration and evidence of oral health promotion with the local community. In relation to the registering of children, targets should include evidence of partnership working with schools and health visitors.

R4) Hospital maternity services / health visitors should re –examine fluoride levels that are contained in promotional toothpaste packs (including 'Bounty' packs) in the light of BASCD and Dept. of Health recommendations.

R5) Local Education Authority (LEA) to provide the City Health Scrutiny Committee, with details of how it aims to increase HOSAS participation amongst Oxford City primary schools. In particular how it aims to ensure the Government target of 50% school participation by 2006 is met.

R6) LEA to develop a more streamlined Healthy Schools Scheme for primary schools. Flexibilities to be built into the audit / action planning process which allow for recognition of the school's local issues / needs.

R7) LEA and / or Oxford City PCT to consider funding the School Fruit & Vegetable Scheme for all primary school aged children, targeted towards schools in the most deprived areas.

R8) Schools to be encouraged and supported by the LEA in building health issues into the National Curriculum, using a cross – curricular approach over time.

Recommendations

R9) LEA to provide support for schemes, which empower children to develop healthy eating projects e.g. the development of School Nutrition Action Groups.

R10) Minimum nutritional standards for school meals are set by the LEA. (Although standards will be set by the Government from September 2006, it is recommended The Caroline Walker Trust Guidelines for school meals is followed.)

R11) Significant investment is made by the LEA to the school kitchen infrastructure, to prevent further kitchen closures.

R12) LEA increase investment in the training of catering staff, to ensure meals are healthy, appealing to children and cost effective.

R13) There is support and encouragement from the LEA to introduce a whole school approach to healthy food and council appointed school governors be asked to be proactive in taking healthy eating initiatives forward.

R14) Representatives from Oxfordshire County Council to present the findings of the CFM – Best Value Review to the Oxford City Health Scrutiny Committee.

R15) Oxford City PCT to provide more school health nurse resources, targeted towards schools in deprived areas and monitor its impacts.

R16) Oxford PCT needs to ensure the right targeting mechanisms are in place, so that health screening is reaching those who have the greatest health needs.

R17) Oxford City PCT, Oxfordshire County and Oxford City Council to ensure Sure Start best practice working on community engagement / empowerment is not lost in a re-design of children's / family services.

R18) The Healthy Eating project work of the Healthy Living Initiative should continue beyond 2006. A longer term commitment needs to be made via a 'healthy eating' project co-ordinator. Based on the existing funding arrangements this post could be jointly managed by the Oxford City PCT, Oxfordshire County Council and Oxford City Council.

R19) If future long term funding for the HLI is secured, a broader work remit needs be explored: to include other areas with high indices of multiple deprivation.

Recommendations

R20) The findings of the Food Poverty Mapping project are presented to the Oxford City Health Scrutiny Committee

R21) Joint - funding of health promotion posts, within school and community settings are considered by Oxfordshire County Council, Oxford City Council and Oxford City PCT.