

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON WEDNESDAY, 28TH FEBRUARY, 2024

MEMBERS: Councillors James Hockney (Chair), Andy Milne (Vice Chair), Nicki Adeleke, Chris James, Emma Supple and Kate Anolue

Officers: Doug Wilson (Director of Adult Social Care), Dudu Sher-Arami (Director of Public Health), Andrew Lawrence (Head of Commissioning – CYP & Public Health), Jayne Longstaff (Senior Service Development Manager, Public Health), Jane Creer (Governance Officer)

Also Attending: Councillor Alev Cazimoglu (Cabinet Member for Health and Social Care)

Mark Eaton (Director of Strategic Commissioning & Procurement, NHS NCL ICB), Kelly Nizzer (London Dentistry, Optometry and Pharmacy Commissioning hub), Dr Rakhee Patel (Public Health and Primary Care / Lead for Ageing Well and Dental Public Health, NHS England London Office), Representatives of Oral Health Promotion Service
Local Press representative

1. WELCOME & APOLOGIES

Cllr James Hockney, Chair, welcomed all attendees.

Apologies for absence were received from Cllr Elif Erbil and Cllr Doris Jiagge. Apologies for lateness were received from Cllr Andy Milne.

2. DECLARATIONS OF INTEREST

There were no declarations of interest registered in respect of any items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 28 November 2023 were **AGREED**.

4. ACCESS TO PRIMARY CARE DENTAL CARE AND ORAL HEALTH PROMOTION

Cllr Alev Cazimoglu (Cabinet Member for Health and Social Care) and Dudu Sher-Arami (Director of Public Health) introduced the report of the Executive Director – People, identifying the dental care needs in Enfield and oral health promotion activity in the borough.

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A detailed presentation was received from:

- Dr Rakhee Patel (Public Health and Primary Care / Lead for Ageing Well and Dental Public Health, NHS England London Office)
- Kelly Nizzer (representative of the London Dentistry, Optometry and Pharmacy Commissioning hub)
- Mark Eaton (Director of Strategic Commissioning & Procurement, NHS NCL ICB)

Enfield was near the London average of one in four children having some untreated dental decay and in hospital admissions for dental caries. However, Enfield had the highest average number of extracted teeth and third highest average number of filled teeth in five-year-olds in London: this was noted as a positive indication of access to dental care.

The ICB inherited dentistry from NHS England in 2023 and had been proactive and supportive, with additional investment and encouraging dentists to do more activity. The dental services available in Enfield, including community, urgent, and secondary services were highlighted.

The effects of the Covid-19 pandemic and backlog of dental patients was noted. A dental recovery plan had been put in place in London, including a financial uplift to practices for a unit of dental activity and a patient premium incentive scheme in respect of a new patient appointment.

Oral health promotion service colleagues added information about their work, which was mainly related to children and young people, visiting settings for under-fives and schools, and providing training to staff. The fluoride varnish programme for 22 schools in Enfield was highlighted as an evidence-based preventative treatment and targeted within the borough to wards with the highest levels of obesity and percentage of disease.

Questions were invited from Members.

The Chair asked about children's access to dental care, parents' behaviour and need for oral health promotion. It was confirmed that there was evidence from the data as set out in the report and that promotion and intervention in respect of children's oral health should be constant, integrating with wider issues such as healthy eating. An example of that was the collaboration with Tottenham Hotspur Foundation to reduce consumption of sugary drinks by raising awareness with children. Whittington NHS Foundation Trust provided oral health promotion across North Central London and included targeted promotion at early years settings and supervised tooth brushing.

Members raised the concern of advertisement of sugary drinks linked to TV football coverage. It was advised that the work with the charitable arm of Tottenham Hotspur Foundation would be subject to evaluation by the ICB.

In response to further queries regarding prioritising of interventions, it was confirmed that there were many common factors around oral health and

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obesity mainly due to sugar intake, and this informed the approach. All children of the right age groups in the prioritised schools were offered fluoride varnish treatment. The most effective intervention was to younger school children around age five, for preventative treatment and awareness raising regarding healthy eating and oral health. Early years settings and family hubs were also used for promotional work. It was acknowledged that poor oral health often had its roots in poverty and deprivation and the wider determinants of health. The challenges around data collection and its validity were acknowledged.

Officers noted Members' points around promotion of breastfeeding of babies and request for an event in the borough in support of breast feeding awareness month in August. It was confirmed that appointment of a breast feeding co-ordinator was being progressed, and part of their remit would be promotion of shops and other premises in the borough which provided breast feeding facilities. Dudu Sher-Arami noted that an event in August could fit in with the family hub programme and agreed to take this forward.

ACTION: Dudu Sher-Arami

Members were also given more detail on dental health support for looked after children, for whom there was good care and automatic access. It was important to raise awareness of the pathway and the dedicated pan-London phone line. The communications pack and poster would be shared with Panel members and with officers in Children's Services for greater promotion. An agenda item was suggested for Corporate Parenting Board to increase awareness.

In response to Members' queries regarding the patient premium payments, it was confirmed these applied to adult and child patients and related to new patient appointments and clearing of the backlog, and should get the patient 'dentally fit'. The limitation on ICB action was confirmed, and that it was unable to amend the General Dental Contract locally.

Further detail was provided on the underspend in dental services, related to longer treatment per patient needed since the Covid-19 pandemic, and the opportunity taken to redirect that money.

Members asked about the findings in the Healthwatch report that there was no NHS dental provision in some postcodes in the borough. It was confirmed that it was not required for every postcode to have a dental practice and that good local transport in London facilitated reaching a dental practice. The ICB had not found big geographical gaps in coverage, but if there was any additional funding any gap would be looked at. Needs assessments were carried out, which included consideration of transport links, and if a practice contract was terminated it was looked to be replaced or surrounding practices to be enhanced.

In response to Members' queries regarding water fluoridation as a whole population intervention, it was advised that this was implemented in some parts of the country but was challenging to introduce in London due to the

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number of boroughs and the numerous water supply sources. A consultation had been run last year, but this would be something for the government to decide. Officers confirmed that at the right dosage, water fluoridation was very safe, and that comparison data showed benefits to children's oral health in the geographical areas where this was done.

The Panel noted that the amount of untreated dental decay in children in the borough was concerning and put forward a recommendation that the Council's Communications Team should promote an information campaign in respect of children's oral health and promotion of visiting the dentist. Dudu Sher-Arami confirmed that colleagues could work together on such a communication to take this forward.

ACTION: Dudu Sher-Arami

The Panel **AGREED**:

- I. To recognise the importance of good oral health for residents in Enfield and to note analysis regarding oral health among Enfield residents.
- II. To note the current arrangements for residents to access dental care.
- III. To note current arrangements and provision of oral health promotion service.

The Panel **RECOMMENDED** that the Council's Communications Team should promote an information campaign in respect of children's oral health and promotion of visiting the dentist.

5. ENFIELD SUBSTANCE MISUSE UPDATE

Cllr Alev Cazimoglu (Cabinet Member for Health and Social Care) and Dudu Sher-Arami (Director of Public Health) introduced the report of the Executive Director – People and Director of Public Health, providing an update on work undertaken to tackle substance misuse in Enfield following the introduction of the national drug strategy 'From Harm to Hope'. There was funding related to the strategy though it was not known if any further funding would be made available beyond March 2025. Enfield's Combating Drug and Alcohol Partnership (CDAP) was highlighted as working well: involving key partners and overseeing and driving forward delivery against the strategy. The Panel had also requested an update regarding use of nitrous oxide, and the actions taken to stop its use were set out in the report. The law had also recently been updated to classify nitrous oxide an illegal Class C drug. The report also provided an update on delivery of treatment and recovery support across Enfield.

Further details were presented by Andrew Lawrence (Head of Commissioning – CYP and Public Health).

Data on prevalence of opiate and crack use had shown a much higher increase in Enfield than neighbouring boroughs, primarily resulting from a large increase in clients being recorded on the Probation Offender

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Assessment System. Targets for an increase in numbers of people in treatment in Enfield had been raised.

The successes of the three sub groups of CDAP were listed in the report, and the key priorities for 2024/25. It was confirmed that the adult treatment centre would be moving from the current site at Claverings, and that the Lived Experience Representative Organisation (LERO) would be enhanced.

In respect of nitrous oxide, there were early interventions, misuse awareness workshops in schools, training, and discussion at the Headteachers' Forum.

Questions were invited from Members.

The Chair asked about results from the national drugs and alcohol strategy and associated funding. It was advised that referrals were increasing in Enfield. Barriers around some referral pathways were recognised, and there was more work to come in relation to mental health and prison release, but progress was being made. It was confirmed there was enough capacity in the system currently, but there was the risk to funding after 2025.

In response to Members' queries regarding working with funding uncertainty, this had affected the way that work had been planned so as to bolster treatment capability and adding referral pathways to ensure people are effectively treated. The changes in the ways of working could be done without additional funding. It was advised that Directors of Public Health across London were advocating for the funding and making sure decision-makers understood the implications of those funding decisions. Outcomes and performance were the best way to make the case. This investment in substance misuse had been greatly welcomed in Enfield and partnerships had been developed.

Members asked about increased alcohol usage, and mental health issues, since the Covid-19 pandemic. It was confirmed that alcohol use had remained at static levels since the pandemic. Mental health needs were a running theme throughout, but there was now increased capacity through the recruitment of a dual diagnosis worker to support mental health needs and linked to substance misuse. Co-operation between all services had improved by CDAP partnership work.

It was advised that there were different types of treatment available to those abusing alcohol, but an individual had to want to address the issue. It was confirmed that people could self-refer. There was communications work planned to sell the idea of recovery and seeking treatment. It was also important to raise awareness across all organisations to know of the services offered in respect of treatment, de-stigmatise substance misuse, increase understanding of harm and recognise when support was needed.

In response to Members' questions, it was confirmed that relapse prevention was part of the programme offered.

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In response to Members' queries about links to hospital A&E departments where substance misusers may present frequently, it was confirmed that there was an in-reach programme at North Middlesex University Hospital, with a worker based within the hospital able to see patients and have in-person conversations.

Members asked about the lived experience representative. There was currently a single person active in the role, but officers wished the LERO to be developed with diverse representatives.

The Panel **AGREED**:

To Note

I. The work being done by Enfield's Combating Drug and Alcohol Partnership (CDAP) across its three subgroups focusing on Treatment and Care, Clinical Governance and Criminal Justice.

II. The increase in prevalence estimates for the number of opiate and crack users in Enfield.

III. The use of nitrous oxide amongst individuals in the borough including associated litter (cannisters and balloons) and the legal changes for this substance.

6. WORK PROGRAMME 2023/24

NOTED the Health and Adult Social Care Scrutiny Panel Work Programme for the remainder of 2023/24.

7. DATES OF FUTURE MEETINGS

NOTED that the next meeting of the Health and Adult Social Care Scrutiny Panel would be on Wednesday 24 April 2024 at 7:00pm in the Civic Centre.

This was the additional 2023/24 meeting date for the Panel.

The Panel had requested an in-depth review of Mental Health Transformation / Reforms in the borough, led by the ICS, as the substantive agenda item for discussion, as set out in the work programme.

Members also highlighted a concerning CQC inspection: that the rating of North Middlesex University Hospital Maternity Service recently went down and was rated as 'inadequate'. The Panel requested that a copy of the CQC report be circulated to all Members of the Panel and that an agenda item be added to the 24 April meeting and appropriate representatives be invited to the meeting to discuss the issues and the actions being taken in response.

ACTION: Governance Team

The meeting ended at 9.06 pm.