



Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

To: Councillors J Burton (Chair), Vassie (Vice-Chair), Baxter, Hook, Moroney, Rose, Runciman, Smalley, Wann and Wilson

Date: Wednesday, 2 April 2025

Time: 5.45 pm

Venue: West Offices - Station Rise, York YO1 6GA

AGENDA

1. Apologies for Absence

To receive and note apologies for absence.

2. Declarations of Interest (Pages 7 - 8)

At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]

3. Minutes (Pages 9 - 16)

To approve and sign the minutes of the meeting held on 12 March 2025.

4. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Monday, 31 March 2025.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

5. Humber and North Yorkshire Integrated Care Board - Dental Services and Oral Health Update

To consider a report setting out a current update on dental services across York, providing a focus on services and the local and national direction for the future of NHS dentistry.

6. Oral Health in York (Pages 25 - 32)

To consider a report outlining the Oral Health commissioned projects by Public Health, and the collaboration projects with the ICB and other partners. The paper is for members' information and to provide an update on the work currently being completed.

7. Work Plan (Pages 33 - 34)

Members are asked to consider the Committee's work plan for the remainder of the 2024/25 municipal year.

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

James Parker

Contact details:

- Telephone – (01904) 553659
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- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above.

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	12 March 2025
Present	Councillors J Burton (Chair), Vassie (Vice-Chair), Baxter, Hook, Moroney, Rose, Runciman, Wann, Wilson and Waller (Substitute)
Apologies	Councillor Smalley
In Attendance	Councillor Pavlovic (Executive Member for Housing, Planning and Safer Communities)
Officers Present	Pauline Stuchfield – Director of Housing and Communities Sara Storey – Corporate Director of Adult Social Care and Integration Michael Jones – Assistant Director, Housing Steve Tait – Finance Manager Graham Frodsham – Principal Accountant

46. Apologies for Absence (5:35 pm)

Apologies were received from Cllr Smalley, who was substituted by Cllr Waller. Apologies were also received from the Head of Service Finance and the Director of Public Health.

47. Declarations of Interest (5:35 pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests.

None were declared, although with reference to agenda item 5 (2024/25 Finance and Performance Monitor 3), Cllr J Burton noted in the interests of transparency that she had used the Be Independent service.

48. Minutes (5:35 pm)

In respect of the minutes of the meeting held on 6 November 2024, an amendment was suggested under item 30 (Urgent Care Delivery) to correct the spelling of 'clinic system' to 'Klinik system'.

In respect of the minutes of the meeting held on 15 January 2025, in relation to item 45 (Work Plan) concerns were again raised over the position in relation to pharmacy provision in Westfield Ward and it was suggested that the Chair write to the Integrated Care Board on this issue.

Resolved:

- i. That the minutes of the meeting held on 6 November 2024 be amended at item 30 (Urgent Care Delivery) to replace:
 - 'The suggestion of linking the clinic system to the out of hours was being considered.'With:
 - 'The suggestion of linking the Klinik system to the out of hours was being considered.'
- ii. That subject to the above amendment, the minutes of the meetings held on 6 November 2024, 4 December 2025 and 15 January 2025 be agreed as a correct record and signed by the Chair.
- iii. That the Chair write to the Integrated Care Board to highlight the committee's concerns over future out of hours pharmacy provision in Westfield Ward.

49. Public Participation (5:39 pm)

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

50. 2024/25 Finance and Performance Monitor 3 (6:26 pm)

Members considered a report setting out the projected 2024/25 financial position and the performance position for the period covering 1 April 2024 to 31 December 2024.

Officers provided an overview and drew members' attention to paragraph 50 of the report where it was stated that the Housing Services directorate was forecasting an overspend of £711k; this was an error and in fact the directorate was forecasting a £790k underspend.

In response to questions from the committee it was noted that:

- With reference to the increase of around £300k forecast overspend for Adult Social Care and Integration over the last quarter, it was noted that the high cost of certain placements could affect this figure, that savings delivered since the previous quarter had been lower than expected.
- Staffing overspends in the Hospital Discharge, Mental Advocacy, and Mental Health Social Work teams were due there being no budget for necessary existing posts and the use of agency staff. A shift to multidisciplinary working in the Hospital Discharge team should help reduce costs, while efforts were underway across the service to bring down agency use and do as much work as possible with Council staff to ensure consistency for service users.
- In relation to Housing indicators, the increased numbers of housing consents and affordable homes delivered were welcomed. It was noted that it was difficult to track the number of short-term lets as the available data was changeable given that some properties were only let on this basis for part of the year, but that officers would explore what was possible. The data on houses in multiple occupation (HMOs) was also welcomed and it was agreed that officers would signpost any comparable datasets for other cities with a high student population.
- Winter rough sleeper numbers could vary due to weather conditions and economic factors. It was noted that the new strategy had been introduced in December 2024, and that quarterly data showed a positive direction of travel since the transfer of some services in-house.
- Every opportunity was being taken to ask Council tenants who required repairs to contact the Council before embarking on potentially costly disrepair claims, and work was being to ensure tenants were aware of the risk of substantial legal bills if unsuccessful. Several disrepair claims were received monthly requiring a response regardless of their merit, which took up legal resource; this was a growing trend nationally, but York was in favourable condition compared to many authorities. Local authority tenants were encouraged to report any required repairs to the Council.
- With reference to the Public Health indicators, it was agreed to seek further clarification from the Director of Public Health on action to address the widening of the gap in breastfeeding rates at 6-8 weeks between the highest and lowest wards, the fall this quarter in the proportion of infants receiving a 6-8 week review by the time they were 8 weeks old, and on the relevance of health metrics from 2020-

21. The increased percentage of smokers successfully quitting was welcomed.

- The increased level of detail in the report was welcomed by members.

Resolved:

- i. To note the finance and performance information.
- ii. To note that work will continue on identifying savings needed to fully mitigate the forecast overspend.

Reason: To ensure expenditure is kept within the approved budget.

51. Asset Management Investment Plan (5:39 pm)

The committee considered a report providing an overview of the outcome of the council house Stock Condition Survey and how the information is being utilised to influence investment plans in the coming five years, as well as analysis of performance of the Asset Management function against agreed targets.

Officers provided an overview, and in response to members' questions it was noted that:

- Previous gaps in stock condition data had meant the service had tended to be reactive, while it was acknowledged that in recent years communication with tenants could have been stronger. Using the new more comprehensive stock condition data it was intended that by Christmas each year, work for the financial year ahead would be planned and communication with tenants would take place in advance.
- Investment in component renewal over each five-year cycle needed to be smoothed out, which would involve bringing some investment forward and 'sweating' certain assets such as roofing or combi boilers where necessary.
- The kitchen and bathroom programme for the next year would focus on properties in Dringhouses where replacements had previously been promised, and those properties where previous tenants had opted not to take up the opportunity of replacement when offered.
- It was expected that retrofit work at Alex Lyon House and Honeysuckle House would be delivered within the grant funding agreement received. The contract for this work would be signed soon and there would be opportunities for residents and ward councillors to engage with the contractor, while work was underway to ensure residents' needs and expectations were fully understood.

- With reference to additional work identified during the stock condition survey, surveyors were not encouraged to make any promises to tenants, but catch-up repairs and HHSRS (Housing health and safety rating system) hazards were referred directly to Building Services. Although some issues were more complex the vast majority had now been resolved.
- There was significant interest whenever apprenticeships in the service were advertised, and a new apprentice plan to cover the need for fully trained staff over the coming years was being developed. Recruitment and retention remained a challenge, and officers would explore options around requiring those trained by the council to commit for a period after qualification.
- It was also noted that taking on an apprenticeship could be a financial challenge, including for care leavers and armed forces veterans. Support was available for veterans applying for jobs at the Council through the Armed Forces Covenant, and officers would consider options to work with course providers.
- In relation to the performance measures at paragraph 24 in the report, it was noted that the proportion of properties with valid Electrical Inspection Certificate was lower than other measures largely due to a change in the law which required inspections every five years; previously this had been every ten years; there was a need to catch up, although risks were prioritised. With reference to the 28-day target to re-let a property, this was achievable and a number of measures were being used to make the process faster and more efficient.
- A range of options were being explored to improve the proportion of repairs completed on a first visit, including multi-trade staff and better equipped vans. The Executive Member noted that while work was ongoing, positive progress had been made, and that ways of bringing more comprehensive performance data to scrutiny in future were being considered. He also emphasised the importance of customer service and encouraged Members and council tenants to report any issues which had not been resolved to the service.
- With reference to the cost benefit of sustainability measures, it was noted that more funding would be needed over the coming years, while at present the picture was mixed – solar panels came with only a small maintenance cost while heat pumps were currently much more expensive than combi boilers, although this could change in future.
- The importance of sustainable procurement was emphasised, and it was noted that the Council had previously been involved with the sustainable procurement network ICLEI. It was confirmed that this remained an important consideration in the context of the impact of inflation on the cost of building materials, and that officers would

consider how information in this area could best be captured for future reports.

Resolved:

- i. To note:
 - a) The outcome of the stock condition survey;
 - b) Existing performance against targets; and
 - c) The proposed investment plan.

Reason: To keep the committee updated.

52. Work Plan (6:50 pm)

Members considered the committee's work plan for the remainder of the 2024/25 municipal year. Several points were raised including:

- The resident survey which would inform the 2025 Pharmaceutical Needs Assessment (PNA) had closed on 2 March. Consideration of the 2025 PNA was an unallocated item on the committee's work plan, and it was suggested that confirmation be sought as to when would be most appropriate for this item to be brought to the committee to best enable them to input into the PNA process.
- It was noted that it had been decided at the committee's November 2024 meeting to request a further update on Urgent Care after six months and suggested that this be considered for an upcoming meeting.
- Members would be contacted with some new suggested dates for the rescheduled telecare demonstration. The suggestion was also made of finding suitable contacts from the city's universities who could advise on emerging technologies in this area.
- Attention was drawn to the review of the Council's scrutiny function, the recommendations of which would be considered at the next full Council meeting. If adopted these would entail a change to the structure of the Council's scrutiny committees, and it was suggested that some work plan items might be best left over until the new scrutiny cycle.
- The proposed Task and Finish group on Home Care Commissioning had not progressed so far but would be revisited.
- The Tees, Esk and Wear Valleys NHS Trust would potentially be able to bring a requested report following on from a Council motion on 'Trauma Informed City' to the committee's May meeting. It was suggested that taking a broader approach to trauma might be considered as part of the new scrutiny cycle.

Resolved:

- i. To note the work plan.
- ii. To enquire as to when would be the most appropriate point for the draft Pharmaceutical Needs Assessment to be considered by scrutiny members to best enable them to input into the PNA process.
- iii. To request a further update on Urgent Care Delivery at one of the committee's next scheduled meetings.

Reason: To keep the committee's work plan updated.

Cllr J Burton, Chair

[The meeting started at 5.35 pm and finished at 7.02 pm].

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CITY OF YORK COUNCIL

Report to: Overview and Scrutiny Committee
Wednesday 2 April 2025

Dental Services and Oral Health Update

Report of the Humber and North Yorkshire Integrated Care Board
by Debra Leadbetter, Primary Care Programme Lead

Executive Summary

Humber and North Yorkshire Integrated Care Board (HNY ICB) has been responsible for the commissioning and contracting of NHS dental services since April 2023. Approximately two years on, this report sets out a current update on dental services across York, providing a focus on services and the local and national direction for the future of NHS dentistry.

1. Introduction

- 1.1 In April 2023, Humber and North Yorkshire Integrated Care Board (HNY ICB) took on delegated responsibility from NHS England for the commissioning and contracting of all NHS dental services across the City of York.

Dental services commissioned by HNY ICB include:

- Primary Care (generally high street dentistry), accessed by patients directly. Primary care commissioned dental activity is based Units of Dental Activity (UDAs).
- Community Dental Services – primary and specialist dental care for patients who cannot be managed by a primary care practice and who have additional health and/or social care needs. By referral only.
- Intermediate Minor Oral Surgery – by referral from a dentist.
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 2 and 24 hours. This does not include emergency care, which is for dispositions which require a clinical assessment within 2 hours and which can only be provided by the A&E pathway.
- Secondary care – specialist services by referral only.

While Humber and North Yorkshire Integrated Care Board has the remit for commissioning dental services, Local Authorities have statutory responsibilities for oral health improvement, including commissioning evidence based oral health improvement programmes to meet the needs of the local population.

The purpose of this report is to update members on the current local and national position for dental services and oral health improvement.

2. NHS Dental Services – improving local access

- 2.1 Both nationally and locally, access to NHS dentistry is a challenge with issues identified relating to the national contract itself, workforce gaps, and procurement restrictions, making it difficult to secure new dental provision. It is important to note

that dental contracting takes place within the national context and challenges are well-embedded, meaning that HNY ICB has many issues to overcome in its aim to improve dental services.

2.2 Improving access remains an absolute priority for the ICB and since assuming delegated responsibility for the commissioning and contracting of dental services in April 2023, HNY ICB has been working hard to improve dental services for those living in the area. We are building positive relationships with the profession and local dental practices to continue to improve services.

2.3 Across the City of York, in 2024/25, the ICB has so far:

- Increased the number of staff in the dental team so that they can work effectively to support local dental providers to secure and stabilise dental services.
- Procured a new dental practice in Monks Cross, which opened in December 2024 following earlier contract hand backs from providers in 2022.
- Invested non-recurrent funding in various initiatives aimed at improving access and reducing waiting lists, including increasing urgent access appointments and increasing orthodontic appointments.
 - Urgent appointments – 3 practices across the City of York are offering approximately 7,300 patient appointments throughout the year.
 - Orthodontic practices – 1 practice in York has increased their capacity to see patients from the waiting list.
- Introduced child only contracts – 4 practices in York are taking part.
- Developed positive relationships with our Local Dental Committees (LDCs) to seek their input into future developments.
- Planned an oral health campaign aimed at children, young people and parents to promote good oral hygiene and to prevent dental decay (launch March '25).
- Explored opportunities to focus on children and adults with neurodiverse conditions or special educational needs and disabilities (under development).

2.4 In addition to the above investments into improving dental access, the ICB has also committed to continuing with its approach to 'flexible commissioning' which enables dental practices to work differently and to prioritise access for the most vulnerable. Through offering community outreach sessions and dedicated clinical appointments, 'flexible commissioning' practices are able to focus on both prevention and treatment. There are currently 5 such practices within the City of York and we are currently transferring practices to participate in a revised version of the Prevention and Access offer, from 1 April 2025, with new sites being invited to join later in 2025/26.

2.5 Finally, the ICB has also invited practices to deliver up to 10% additional activity, beyond their usual contract terms. This incentive encourages practices to work above and beyond contracted levels, with the assurance that the ICB will pay for this increase in activity. 2 practices across York have applied and have been working toward over-delivery since July 2024. In March, all dental practices were invited to join the scheme in a final push to increase activity. Results will be known in 2025/26.

3. ICB Prevention, Access and Treatment (PAT) Programme

3.1 The ICB has implemented several initiatives to improve dental services and oral health across Humber and North Yorkshire. One of the key initiatives is the Prevention, Access, and Treatment (PAT) programme, based on the national

'Childsmile programme' in place nationally in Scotland. HNY represents one of the early adopters of this approach in England.

- 3.2 The PAT programme is delivered in partnership with dental providers, local authorities and schools, targeting children and young people to promote good oral hygiene and prevent dental decay. The programme is aimed at primary school pupils and activities take place within a school setting. Dental providers reach into schools and provide, through a range of practitioners, supervised toothbrushing, fluoride varnish application, and dental assessment. Should assessment demonstrate the need for further work and/or an intervention, the child will be brought into a local practice. In addition, that practice will also offer an appointment for the child's immediate family.
- 3.3 Currently, more than 90 schools across HNY have agreed to take part in the PAT programme, supported by a range of dental providers. Initial work commenced in Hull and East Riding of Yorkshire but is now rolling out to other Places across the ICB. In addition to the roll out across primary schools, the ICB is supporting a single pilot in a nursery / pre-school setting in Northern Lincolnshire and, similarly, a single pilot in a secondary school at Withernsea.
- 3.4 Recognising that Public Health, among other colleagues, have been offering supervised toothbrushing programmes for some time, next steps include developing hybrid models that seek to integrate existing Public Health programmes with the additional elements offered by the PAT scheme. It is anticipated that an initial evaluation will take place in circa six months, recognising the need to get sufficient data in place to make this meaningful.
- 3.5 The PAT scheme is delivered in addition to the schemes delivered by the local authority and public health colleagues (see additional report from colleagues).

4. Workforce

- 4.1 To support our plans for improving access to dental services, HNY ICB is also offering workforce initiatives and pilots aimed at recruiting and retaining dentists in the area. Similar to other healthcare professions, dental services face a number of recruitment challenges.
- 4.2 As part of national government guidance, HNY has approved 27 applications for 'golden hello' recruitment incentive schemes, of which 3 are based in the City of York. These practices were selected based on eligibility criteria as per the national guidance and a local process panel review, considering hard to recruit areas, areas of high deprivation and areas of low dental access for the population. Despite this opportunity, only 4 practices across the whole of HNY have been able to successfully recruit new dentists to the area (as of March 2025) and the scheme continues.
- 4.3 In addition to the national scheme, the ICB has offered practices the opportunity to pilot a 'Fellowship' scheme whereby newly qualified dentists are supported to work in NHS practices, given mentorship by experienced dentists, to support development of their skills. Only 2 practices across HNY are piloting this scheme, including one in Hull and one in York. If successful, further opportunities to expand the scheme will be considered.

5. National incentives and programmes

- 5.1 The above local initiatives are delivered by HNY ICB in order to meet the local needs and priorities of those living in the area. In addition, there are also a range of national initiatives focused on improving access to NHS dentistry. Largely introduced by the previous Conservative government, these national schemes which have been implemented across Humber and North Yorkshire include:

- Enhanced rate of pay to see new patients. The new patient premium aims to encourage dental practices to see patients who have not been to a dentist in the past 2 years. However, this programme has been evaluated nationally to determine its impact and Government has announced that it will not continue into 2025/26.
 - Increase to the minimum tariff for units of dental activity (UDA) to £28 in the 2024/25 financial year. Already the average UDA tariff in Yorkshire in Humber is £34.31
 - Maintaining the ring-fence on dental budgets so that funding for dental services remains in place and focused on improving dental access.
- 5.2 Since these national changes were introduced, the Labour Government is now in place. They are continuing with the previous plans and have set new priorities to focus on:
- Urgent Access appointments with 700,000 new slots expected nationally
 - Further development of prevention schemes, with specific reference to supervised toothbrushing for 3 to 5 year olds.
 - Full dental contract reform.
- 5.3 The rollout of dental van services was set out in the Conservative government plan for dental reform, however under the Labour government this requirement has been removed and remains a local decision. Although access to dental services via a dental van can offer short term access, HNY ICB has concluded that dental vans do not offer value for money and that the time and resources to implement such a service are better focused on longer-term solutions. As such, HNY ICB will not be proceeding with plans to commission a dental van service.
- 5.4 The ICB dental team is part of a regional NHS England team which meets fortnightly for regular updates, monitoring and guidance on national developments. Data on impact, such as those seen through the new patient premium or in those areas which are using dental vans, are being developed nationally and will be shared through the group for further learning, sharing and implementation as appropriate.

6. Public Health and Local Authority updates

- 6.1 In addition to commissioning NHS dental services, both the ICB and local authorities play a role in public health initiatives for oral health and wider population health priorities, with health inequalities being of particular importance. Please see the additional paper, from City of York, Director of Public Health for local details.
- 6.2 As part of the ICB work under this remit, the following schemes are in place or under development:
- Cardiovascular disease pilot: the ICB has received national funding to rollout blood pressure checks in dental practices on a pilot basis. This supports Public Health England's ambition to increase diagnosis of hypertension to 80% of the estimated prevalence by 2029 and NHS England's Long Term Plan to prevent 150,000 heart attacks, strokes and dementia cases by 2028/29. 2 practices in York are taking part, with the first blood pressure readings starting from January/February 2025.

7. Conclusion

- 7.1 Overall, NHS dental services remains a complex and challenging area however, Humber and North Yorkshire ICB, in partnership with local authority colleagues and dental providers, is working to bring about improvements. A revised focus on improving access to dental treatment through an increase in appointments, combined with a focus on workforce initiatives and preventative programmes via local schools will help to bring about positive changes.

- 7.2 Data set out in Appendix 1 shows the impact of some of this work, with access for children and adults across Humber and North Yorkshire being better than the England average. York, in particular, is the highest for access to dental services by children, however, there is more work to do to improve access for adults across the City of York.
- 7.3 Together, working in partnership with local authorities and our dental providers, Humber and North Yorkshire ICB is positive that they can continue to invest in dental services and to improve access to dental treatment for its residents.

Contact Officer: Debra Leadbetter
Primary Care Programme Lead – Dental and Optometry
Humber and North Yorkshire Integrated Care Board

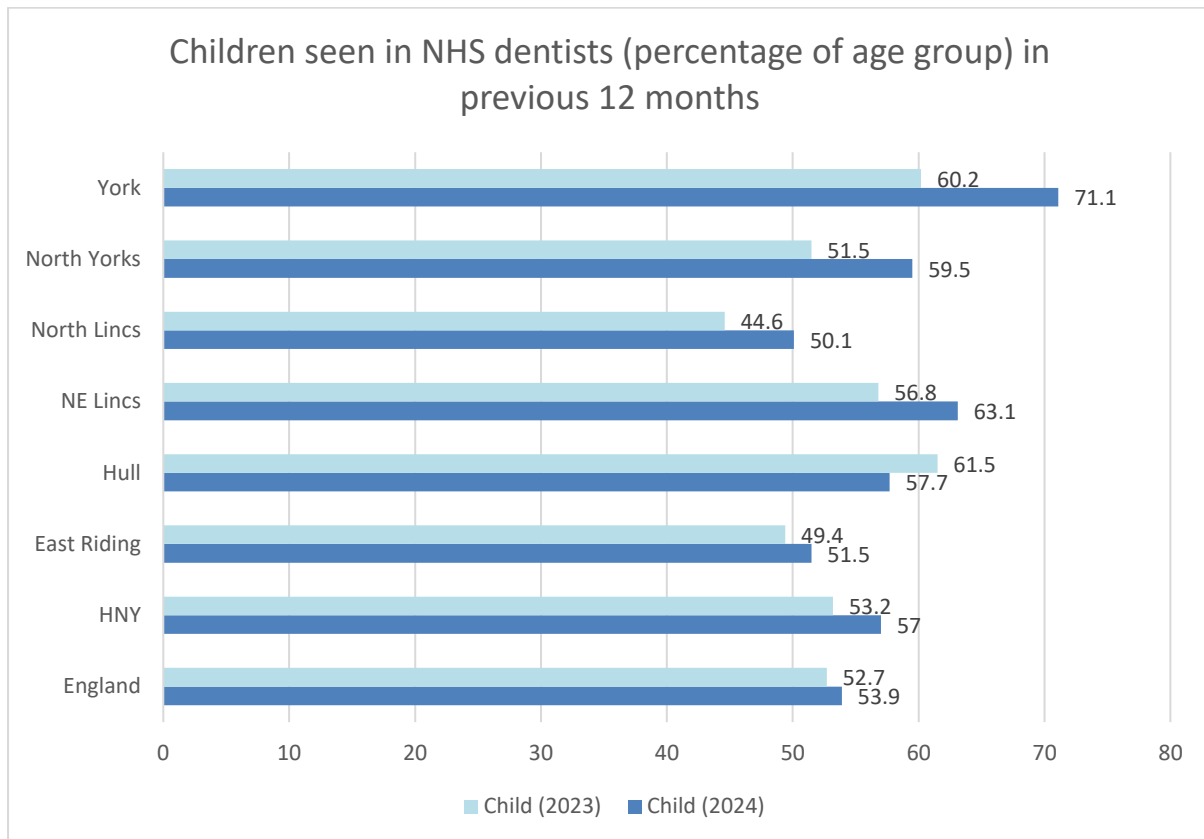
Email: debra.leadbetter1@nhs.net

Background Papers None

Glossary/Abbreviations:

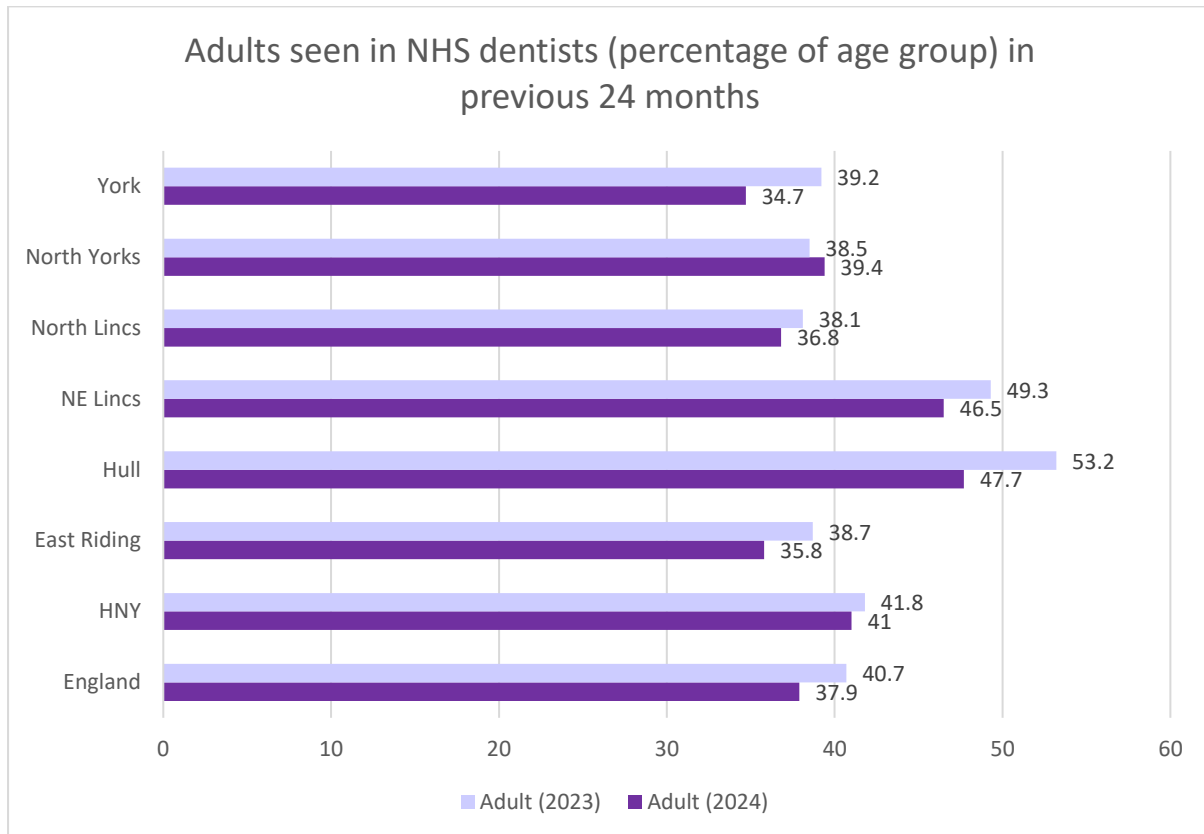
HNY ICB	Humber and North Yorkshire Integrated Care Board
NHSE	NHS England
PAT	Prevention Access and Treatment programme
UDAs	Units of dental activity
Y&H	Yorkshire and Humber

Appendix 1: Data



The above chart shows the changing rates of children accessing dental services, from June 2023 compared to June 2024. Of particular note:

- Across each ICB Place (except Hull) access rates are improving
- Humber and North Yorkshire rates are above the England averages
- Highest levels of access are experienced by children living in York.



The above chart shows the changing rates of adults accessing dental services, from June 2023 compared to June 2024. Of particular note:

- Across each ICB Place (except North Yorkshire) access rates are getting worse
- Humber and North Yorkshire rates are better than the England averages
- Lowest levels of access are experienced by adults living in York.

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Health Housing and Adult Social Care Scrutiny Committee

2 April 2025

Report of the Director of Public Health

Oral Health in York

Summary

1. This report outlines the Oral Health commissioned projects by Public Health, and the collaboration projects with the ICB and other partners. The paper is for members' information and to provide an update on the work currently being completed.

Background

2. Oral health inequalities are disparities in oral health that are preventable and both unfair and unjust. They are more than just inequalities in oral health status between rich and poor people. As with overall health, there is a continuous downward relationship across the whole social spectrum, with dental health deteriorating at each stage as people fall down the social ladder.

Tooth decay is the most common oral disease affecting children and young people in England. Children from disadvantaged backgrounds are disproportionately more likely to be admitted to hospital to have teeth extracted. In England, almost one-fifth of such admissions were for children from the most deprived tenth of the population. In contrast, the least deprived 10% accounted for just 4% of admissions with a primary diagnosis of dental caries (tooth decay).

Tooth decay is almost entirely preventable good oral health is important from the eruption of the first tooth and a practice that should continue throughout life.

The most recent dental survey shows that whilst the prevalence and severity of dental decay in 5-year-olds in York is less than the Yorkshire or England average, those children that are most affected have almost 4 teeth decayed, extracted or filled by the time they reach 5 years of age.

Public Health funded initiatives.

- a. Provision of toothbrushing packs at Health Visitor 9-month visit.** A universal programme where all Health Visitors (HV) give toothbrushing packs to all children at the 9-month statutory visit. This enables the HV to introduce the importance of toothbrushing from the eruption of the first tooth, provide information on brushing technique and signpost to further information.
- b. Oral Health Promotion.** Jointly commissioned with North Yorkshire Council this service offers two core elements:
 - Supervised Tooth Brushing Programme. This service delivers a supervised tooth brushing programme in all special schools and targeted early years settings. The main settings targeted are nursery or pre-school provision with some primary schools being targeted due to the IMD (Indices of Multiple Deprivation) scores¹, in these cases only reception class included. All years in special schools have access to this programme.
 - Oral Health Training and Development of wider workforce. Development and delivery of a programme of tailored training, which is evidenced based and relevant to roles.

The contract is for a period of 3 years, and it is due to finish in November 2025.

- c. Dental Epidemiology:** A key PHOF (Public Health Outcomes Framework) ² indicator locally, despite going out to tender twice with NYC, we have not been able to secure a provider within budget. Therefore, we have no data current data and without access to current epidemiological data and regular updates, it is challenging to establish baselines and measure the impact of any new preventive interventions.

Recent discussions have taken place at a regional level and with the ICB to identify how this may be rectified. The ICB are currently in the process

¹ [English Indices of Deprivation 2019 FAQs](#)

² [Public Health Outcomes Framework | Fingertips | Department of Health and Social Care](#)

of commissioning Community Dental Services ³– with a new contract to go live from 1 April 2025. Previously this contract has been held by Harrogate and District NHS Trust (HDFT) for York and North Yorkshire Local Authority geography. In the past the dental epi survey formed part of the CDS contract, but this element was handed back some years ago due to cost and workforce capacity pressures.

As a short term measure HDFT have been commissioned under an urgent contract award to provide the CDS service for 2025/26 only and this includes completion of the epidemiology survey.

ICB/ICS collaboration projects.

- a. **Prevention, Access and Treatment (PAT).** Led by NHS H&NY ICB (Health and Care Partnership) ⁴and the Hull based “Teeth Team” they have designed a model of care to improve oral health within targeted schools across Humber and North Yorkshire (H&NY). The scheme only commenced in York at the end of 2024, but prior to that Public Health provided data which ranked primary schools by proportion of students on Free School Meals and/or the IDACI (Indices of Deprivation Affecting Children Index) score. This summary had been further developed to show the dental provision in those areas that could be aligned to specific schools.

Prevention, Access and Treatment programme for primary school children, includes volunteer dental professionals who visit schools on a bi-annual basis, providing toothbrushes and toothpaste, teaching the children the basics of good oral hygiene and providing examinations and fluoride varnish applications. This offer is made to all years in the primary school.

There is no cost to participating schools and all funding is provided by the NHS Humber and North Yorkshire Integrated Care Board (ICB). There is no indication that this funding will cease, with assurance that this is not a pilot project but a roll-out and there is national support for this way of working.

Flexible Commissioning. Led by the Dental Team within NHS H&NY ICB. Flexible commissioning allows several qualifying dental providers to work collaboratively with local networks to support referrals into dental practices from key population groups.

³ [Community Dental Service - Harrogate and District NHS Foundation Trust](#)

⁴ [- Humber and North Yorkshire Integrated Care Board \(ICB\)](#)

York has a referral protocol which outlines the process for CYC Healthy Child Service and Children's Social Care Services to refer 0-19's (up to 25 with SEND and Care Leavers) who are not under the care of a regular dentist and need dental care (criteria applies). Referrals are made to a participating Flexible Commissioning Dental Practice for regular care. This also includes children and young people cared for by the Local Authority and care leavers.

Flexible commissioning practices must be NHS dentists. There is no cost associated with this for the local authority. The York Flexible Commissioning practices are listed below.

Provider	Address
Clifton Moor Dental Centre	Tower Court Health Centre, Oakdale Road
Hopkins & Poyner Dental Surgery	29 High Petergate
Perfect Smile Clinic (UK) Limited	175 Boroughbridge Road
Petrie Tucker & Partners Limited	Unit C , Stonebow House

Consultation

3. No consultation

Options

4. Members are asked to consider and note the content of this paper.

Analysis

5. In real terms the Public Health grant has been reduced by over 25% since 2014/15. Which has resulted in budget pressures. The budget for the epidemiology survey has not increased and has resulted in no competitive providers coming forward who are able to complete the survey within budget.

6. However significant inroads have been made with the ICB funded projects and this will have a positive impact on the dental health of children in York.
7. Oral Health Promotion is part of a wider system which is facing challenges nationwide including:
 - a. A challenging NHS dental contract has been in place for some time the review of this is currently underway and may provide some support going forward. It is expected that this will form part of the NHS
 - b. Unfortunately, the dental contract is a national issue and the ICB are unable to mitigate against the lack of NHS dentists in York. However, the PAT programme was partly built to mitigate against the NHS contract to retain NHS dentists.
 - c. Previous government introduced a “golden hello” for practices to take on new NHS patients –30 “Golden hello’s” in Humber and North Yorkshire region. Nationally only 5 have been taken up.
 - d. Water fluoridation remains a contentious issue with a pilot in the North East currently underway.

Council Plan

8. The Council Plan: One City for all, 2023 to 2027, outlines six council priorities the first is “Health and Wellbeing: A health generating City for children and adults”. The aim of which is for residents to live happy, healthy, independent lives ... where the current trend of widening health inequalities is reversed, and people are supported to manage their health and wellbeing...”.
9. Supporting those most at risk to poor dental health and supporting access to dental care and treatment supports this priority.

Implications

10.
 - **Financial** No finance implications

- **Human Resources (HR):** There are no HR implications.
- **Equalities.** There are no Equalities implications
- **Legal.** There are no Legal implications.
- **Crime and Disorder:** There are no C&D implications.
- **Information Technology (IT):** There are no IT implications.
- **Property:** There are no property Implications.
- **Other: None**

Risk Management

11. Tooth decay impacts on children and families, children who have toothache or who need treatment may have; pain, infections and difficulties with eating, sleeping, speaking and socialising. They may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Children's poor oral health links to other key policy areas such as getting the best start in life, inequalities, child obesity, school readiness and development of speech and language.

Recommendations

12. The purpose of this report is to update Health Scrutiny on the Oral Health Programmes that are being offered to address the issues with dental provision within the city. Offering dental care, access and treatment to those who have the most acute need or may experience disadvantage.
13. Health Scrutiny are asked to:
 - a. Note the content of this report
 - b. Support, where possible, the provision of dental care access in communities.

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**Report
Approved**



Date 25 March
2025

Wards Affected:

All



For further information please contact the author of the report

Annexes

None

Abbreviations

Abbreviations for Scrutiny report on Oral Health.	
Abbreviation	In Full
IMD	Indices Of Deprivation
PHOF	Public Health Outcomes Framework
ICB	Integrated Care Board
HDFT	Harrogate and District NHS Foundation Trust
NHS H&NY ICB	NHS Humber and North Yorkshire Integrated Care Board
IDACI	Income Deprivation Affecting Children Index
SEND	Special Educational Needs and Disabilities.

Background Papers

None

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Health, Housing and Adult Social Care Scrutiny Committee Work Plan 2024/25

Meeting Date	Item
21 May 2025	<ul style="list-style-type: none">• Draft Autism and ADHD Strategy• Trauma Informed City – update from TEWV NHS Trust• Further Update on Urgent Care Delivery (TBC)

Unallocated items

- LD Provision – The Glen and Lowfields
- Relevant outputs from LGA Peer Review – Housing Partners
- Task and Finish Group Review of Home Care Commissioning
- Healthy Weight
- Health and Artificial Intelligence – benefits and challenges
- Draft Pharmaceutical Needs Assessment 2025 (likely September 2025)
- Adult Social Care Strategy Update (likely June 2025)

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