Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Hook (Vice-Chair), S Barnes, Heaton, K Taylor, Vassie and Wann

Date: Monday, 24 January 2022

Time: 5.30pm

Venue: Remote Meeting

AGENDA

Until the end of January 2022, the Council is reverting to holding its scrutiny meetings remotely in the interests of minimising any risks to the public, elected Members and staff during the continuing Covid pandemic. Meetings continue to be held in accordance with statutory requirements. Scrutiny Committees are non-decision making bodies and as such this remote meeting will not be regarded as a formal meeting of the Committee. It provides an opportunity for Members of the Committee to comment upon the business set out in the agenda, without making formal decisions. Members of the public may register to speak as set out below.

1. Declarations of Interest

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 1 - 8)

To approve and sign the minutes of the meeting held on 2 November 2021.

3. 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 have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm** on **Thursday 20 January 2022**.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

Webcasting of Remote Public Meetings

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

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Oral Health Promotion (Pages 9 - 30)

The reports and discussion are to give assurance and identify improvement on the measures and services in place for the population of York on the prevention, treatment and maintaining good oral health.

5. Childhood Obesity in York (Pages 31 - 42)

This paper provides an overview of the situation regarding healthy weight in York, with a particular focus on children. It gives information about the national resources produced to tackle childhood obesity and draws on experience from other countries. It provides and update on work to date in York.

6. Work Plan (Pages 43 - 48)

Members are asked to consider the Committee's work plan for the 2021/22 municipal year.

7. Urgent Business

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

Democracy Officer:

Name – Louise Cook
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E-mail – louise.cook@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

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City of York Council	Committee Minutes
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	2 November 2021
Present	Councillors Doughty (Chair), Hook (Vice-Chair), Heaton, K Taylor, Vassie and Wann
In Attendance	Councillor Runciman (Executive Member for Health and Adult Social Care and Chair of Health and Wellbeing Board)
Apologies	Councillor Barnes

7. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests, or any prejudicial or discloseable pecuniary interests they may have in respect of the business of the agenda.

None were declared at this point in the meeting but during agenda item 6, 2021/22 Finance and Performance First Quarter Report, Cllr K Taylor declared a personal non prejudicial interest in that he was a Non-Executive Director on the WorkwithYork Board.

8. Public Participation

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

9. Minutes

Resolved: That the minutes of the previous meeting held on 29 July 2021 be approved and then signed as a correct record.

10. An update regarding Foss Park Hospital, including details of the most recent CQC inspection.

Members considered a report that updated them on the development and completion of Foss Park hospital in York.

Officers from the Tees, Esk and Wear Valleys NHS Foundation Trust had joined the meeting remotely to provide an update on the progress to date including the recent Care Quality Commission (CQC) Inspection of inpatient services and to answer any questions raised.

The Strategic Project Manager provided a Foss Park overview, as highlighted within the report, and he noted that:

- The new purpose-designed 72 bed hospital provided two adult single sex wards and two older people's wards, one for people with dementia and one for people with mental health conditions such as severe depression or anxiety.
- All 72 bedrooms were single bedrooms with en-suite facilities and each bedroom corridor had rooms on one side and garden views on the other, so that no two rooms faced each other.
- Tees, Esk and Wear Valleys (TEWV) had invested approximately £40m (including VAT, fees and land purchase) from internal cash resources to support this development and TWEV owned the land and the building, enabling them to manage and maintain the building to the standard required.
- The hospital name and the names of the individual wards were chosen through a democratic focus group approach and the final decision was made for the individual wards to be named, Ebor Ward (female adult beds), Minster Ward (male adult beds), Moor Croft Ward (18 older person's functional beds) and Wold View Ward (18 older person's organic (dementia) beds).
- Foss Park hospital accommodated service users from York and Selby, including Harrogate and the hospital provided 36 adult beds in total (previously there were 38 beds available). In mitigating the shortfall, 2 beds were available at Cross Lane Hospital in Scarborough.

The Director of Operations provided a CQC inspection overview. She made reference to the actions taken since the January 2021 inspection of the acute wards for adults of working age and psychiatric intensive care units across the whole trust, which was rated inadequate for both safe and well-led.

The Director provided assurance that effective systems were now in place to keep patients safe and that further improvements were underway.

Members noted that the improvement programme would be overseen and reviewed by an external Quality Assurance Board, which included representatives from NHS England and the CQC and the actions taken to address the CQC concerns, which were highlighted within the report and included:

- Rapid quality improvement events to improve the risk management systems and introduce simplified processes.
- New training programmes for staff, including master classes on the new processes and on developing a good quality risk assessment.
- Every inpatient record had been audited across the trust.
- Risk was now addressed for all inpatient admissions using the new safer summary safety plan.
- All staffing had been reviewed and additional investment had been approved for frontline staff posts.
- The re-inspection in May 2021 took place over 9 wards, including Ebor and Minster at Foss Park Hospital. On 27 August the CQC published its report following the re-inspection giving the rating ‘requires improvements’ and the CQC no longer had significant concerns relating to risk management of service users.
- Improvements would continue to be embedded across the trust to provide a positive impact on patient care.

Members also noted the feedback from carers and the advocate regarding the Ebor Ward and in response to Members questions, it was noted that:

- The trust had committed an extra £5.4m for extra staffing for inpatient wards and these were being advertised. North Yorkshire, including Fosspark Hospital would use their allocation to secure additional administrative support, increase nursing capacity and to support practice development.
- Four consultants had been recruited to address some of the challenges within the services.
- A robust bed management system had been introduced and was assessed every day. As at 2 November 2021, there were 12 beds vacant across North Yorkshire and York. Beds were managed as a whole across North Yorkshire and since the opening of Foss Park some patients have had to be placed outside of their local area.
- The trust continued to utilise best practice clinical processes to ensure that only patients who required

inpatient treatment were admitted, those who cannot be managed through increased packages of community intervention from the mental health teams.

- The Quality Assurance Schedule would consistently monitor the improvements, the care on the wards and ensure the right support would be offered to staff to sustain and embed the improvements in their practice on a daily basis.
- A new strategic framework had been implemented across the trust and a new Chief Executive was in place. The strategic framework would support the trust over the next 5 years and plans were in place to progress the actions that the CQC had identified.
- The Oxehealth Digital Care Assistant provided sensory monitoring of patients in their rooms. It did not replace nursing care but prompted staff to any key environmental changes, which could signal a physical change in a service users' presentation. Patients were made aware of this system and its objective.
- Staff worked hard to keep patients safe and were experienced in meeting people's individual challenging needs and conditions.

Officers were thanked for their comprehensive report and for attending the meeting to provide a detailed update.

Resolved: That the update be noted.

Reason: To keep the Committee updated.

11. Report of the Chair of Health and Wellbeing Board

Members considered a report that provided an update on the work of the Health and Wellbeing Board (HWBB) since they last reported to this Committee in February 2020.

The Chair of the Health and Wellbeing Board and the Consultant in Public Health for City of York Council and the Vale of York Clinical Commissioning Group were in attendance to provide an update and answer Members questions.

During the update, the next steps were highlighted, including the forthcoming change from the Clinical Commissioning Group (CCG) to the Integrated Care System (ICS), the work that was ongoing to create a replacement for the YorOK Board and the

progress being made on the implementation of the HENRY Programme.

During discussion and in answer to Members questions, it was noted that:

- The HENRY (Health, Exercise and Nutrition in the Really Young) Programme would support families to provide the best possible healthy start for babies and children, particularly linked to obesity and weight problems in the first 5 years
- The Active Travel Service was working to support health initiatives with parents/schools and the service had joined the Healthy Weight Steering Group to lead on health and environmental gains to improve the lives of people that live in York.
- During the pandemic, new public health and health service challenges emerged, meaning the HWBB's priorities fluctuated and changed. The HWBB influences the priorities of many services, with exemplars in suicide prevention and mental health which was now a priority throughout the system.
- The forthcoming changes within the ICS (Integrated Care System) could be a challenge but discussions would continue to ensure the local authority's voice was heard and did not lose influence within the new arrangements, structures and strategic documents.
- During the first year of the ICS some areas would operate in transition and shadow form until dates were set for coming formal. The due diligence during the transition would be well managed and the CCG were regularly discussing their close down and would ensure staff were well cared for.
- The University of York had evaluated the early intervention support given by the Local Area Coordinators and a further evaluation on the financial benefits was now being undertaken.
- Healthwatch York talked to users of the services to ensure patient's voices were heard. Their reports were of a very high quality and their recommendations were monitored by a sub group and the HWBB also had oversight at its meetings.

The Chair noted that Healthwatch York had been invited to attend the meeting in January 2022 to take part in the

discussion on dentistry. He also noted that the ICS governance arrangements would be discussed by this Committee at its meeting in April 2022.

The Chair of the HWBB and the Consultant in Public Health were thanked for their update.

Resolved: That the update be noted.

Resolved: To keep Members up to date with the work of the Health and Welllbeing Board

12. 2021-22 Finance and Performance First Quarter Report - Health and Adult Social Care

Members considered a report that analysed the latest performance for 2021/22 and forecasted the financial outturn position by reference to the service plans and budgets for all relevant Adult Social Care and Public Health services falling under the responsibility of the Directors of Adult Social Care and Public Health.

The Head of Finance for Adult Social Care and the Strategic Support Manager for Adults and Public Health were both in attendance to present the report and answer any questions raised.

During the officers update, it was noted that:

- The projected outturn position for Adult Social Care was a forecasted overspend of £1.729k and a further £1.3m of savings needed to be achieved by the end of the financial year.
- The Hospital Discharge Programme would now continue until the end of the financial year.
- Public Health was expected to underspend, mainly due to vacancies, the reserves would be transferred to fund future budget commitments.
- The Quarter 2 Finance and Monitoring Report would be considered by Executive on 18 November 2021.

In answer to questions raised, it was confirmed that:

- There were several working groups within the People Directorate looking to stabilise and support the directorate and there was a finance and performance workstream specifically looking at the financial position. Chief Officers

were also reconfiguring existing meetings to focus on the financial position.

- It would be challenging to meet the additional £1.3m savings but revised governance arrangements would be implemented to comprehensively monitor the budget for adult social care and keep it at the top of the agenda.
- There had been an increasing number of initial contacts to adult social care (ASC) during the past year, partly caused by the Covid 19 pandemic.
- Devolution was a potential work stream to help improve the financial situation but joint brokerage was more likely to help the position and could result in commissioning care wider than the York foot print.
- Opportunities would be investigated to work more closely with the community and voluntary sector.
- Various recruitment campaigns and strategies were taking place to support the social care workforce.
- A series of strategic service reviews would be taking place to help set a sustainable budget for the foreseeable future.
- Schemes were readily available for any rapid budget announcements from central government but equally officers would look to grow the areas already in place to support short term preventative spend.
- A Cost Control Board met on alternate Wednesdays to consider permanent/temporary vacancies and the best recruitment approach to reduce the use of temporary staff.
- Plans were in place to structure how savings would be delivered, implemented and monitored to enable the budget setting process to be even more robust.

Officers were thanked for their report and update.

Resolved: That the report be noted.

Reason: To keep the Committee updated on the latest financial and performance position for 2020-21

13. Work Plan

Members consider the Committee's draft work plan for the 2021/22 municipal year.

Following discussion it was:

Resolved:

(i) That an update on the Integrated Care Service (ICS) governance arrangements be received at the 27 April 2022 meeting.

(ii) That where possible, reports be made available for all items on the work plan.

(iii) In order to broaden the discussion on dentistry, at the 24 January 2022 meeting, an invite be extended to other professionals/organisations/general public.

(iv) That when available, an update on the evaluation being undertaken on Local Area Coordinators be received at a future meeting.

Reason: To keep the work plan updated.

Cllr Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.25 pm].

Health and Adult Social Care Policy and Scrutiny Committee **24 January 2022**

Report of the Director of Public Health

Public Health - Oral Health Promotion Introduction

Summary

1. The reports and discussion are to give assurance and identify improvement on the measures and services in place for the population of York on the prevention, treatment and maintaining good oral health. To achieve good oral health requires a system wide partnership approach from a number of organisations delivered in a timely and accessible manner.

2. By understanding the needs of the population of York and partners contribution to a system wide approach we are working to identify where policies, strategies and initiatives are needed to improve oral health and reduce inequalities.

3. The Oral Health Advisory Group brings together key stakeholders to plan, co-ordinate, implement and evaluate actions needed and taken to improve oral health. This forum ensures partners are sighted on any gaps, pressures and good practice and a shared understanding of local need. This way of working supports and informs commissioning intentions, the local delivery of the Local Dental Network work plan and the implementation of care pathways, policies and guidance.

Background

4. The access to dental provision across York and the need to reduce oral health inequalities has been a focus for a number of years. The pressure on the system has been exacerbated and heightened with the well documented impacts on healthcare brought about by the covid pandemic.

Consultation

5. Not applicable.

Options

6. Members are asked to consider and note the content of the reports provided.

Council Plan

7. In the May update to the Council Plan the local authority reiterated its commitment to supporting the best quality of life for ‘our residents’, especially those who educational, health and economic outcomes could be improved. The plan includes a number of key performance indicators including:

    a. Good Health and wellbeing, and
    b. A better start for children and young people which includes the reduction of health inequalities.

8. Both of the key indicators are affected and enhanced by access to oral health practitioners and healthy oral health behaviours.

Implications

9. Members are asked to consider the following implications:

- **Financial**. Members are asked to consider the implications in each of the reports provided.
- **Human Resources (HR).** There are no HR implications within this report.
- **Equalities.** Poor oral health disproportionately affects children in vulnerable families, children who are looked after, those who have special educational needs and those of migrant and underserved populations.
- **Legal.** There are no legal implications within this report.
- **Crime and Disorder.** There are no crime and disorder implications within this report.

- **Information Technology (IT).** There are no IT implications in this report
- **Property.** There are no property implications within this report

10. Public Health Implications are that poor oral health often leads to severe pain sepsis, reduced quality of life, lost school days, disruption to family life, and decreased work productivity.

Risk Management

11. Poor oral health has wide ranging impacts and can lead to overall poor health outcomes and reduction of life chances.

Recommendations

12. The purpose of the report is to ensure a systemwide approach to local need for a robust oral health pathway which is accessible and equitable and timely manner for the population of Work.

Contact Details

Author:	**Chief Officer Responsible for the report:**
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Report Approved √ **Date** 12.01.2022

Wards Affected: **All** ☐

For further information please contact the author of the report.

Annexes

Annex 1 – Public Health – Oral Health Promotion Update Report
Annex 2 - NHS England - Yorkshire and the Humber – Dentistry
Annex 3 – Healthwatch York – Dentistry in York – *Report to follow*

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Annex 1

Health and Adult Social Care Policy and Scrutiny Committee **24 January 2022**

Report of the Director of Public Health

Public Health – Oral Health Promotion Update Report

Summary

1. This report outlines the Oral Health priorities for Public Health in York around the responsibilities held by the Local Authority and provides scrutiny with an update. These are:

    a. Oral Health Promotion.

    b. A biennial epidemiology survey.

    c. Provision of leadership via an Oral Health Advisory Group (OHAG).

    d. The production of an Oral Health Strategy – written with partners.

    e. Supporting Flexible Commissioning in local dentists to reduce oral health inequalities.

Background

2. Tooth decay is almost entirely preventable and dental pain is an issue for those affected as it can result in difficulties in eating and speaking, loss of sleep and days absent from school/work.

3. To reduce the chance of developing oral health issues it is essential that we engage in good oral health practices including, brushing twice a day with a fluoride toothpaste, flossing, drink fluoridated water, limit the amount of times sugar or sugary drinks are consumed throughout the day, access to preventative oral health practices and oral health practitioners – for example dentists applying fluoride varnish to children's teeth and regular check-ups which can identify issues early and prevent the need for extractions and/or fillings.

4. In 2018 Healthwatch published a report ‘Filled to capacity: NHS Dentistry in York’, which found it was difficult to access NHS dentistry in the city. At that time 46% of people surveyed responded to say they couldn’t find a dentist who was taking on NHS patients. In July 2021 a further report was published, ‘NHS dentistry – a service in decay?’ This report recommended that a rapid and radical reform to the way dentistry is commissioned and provided – recognising that current arrangements do not meet the needs of many people…’

Oral Health Promotion

5. 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.

6. As 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. New parents are provided with oral health promotion via our Healthy Child Service and in 2022 we are working with partners across the city to promote healthy oral health practices and raise awareness of dental decay.

7. Working with those who reach those most affected we will be offering on-line training to health and social care staff who work with the most vulnerable including those families who are on the Universal partnership or Universal Partnership Plus case load, children who are looked after and those with special educational needs.

8. Universal promotion of good dental care will be provided to all early years and primary school settings to help raise awareness of the importance of good oral health.

Biennial epidemiology survey

9. All local authorities in England are required to undertake dental surveys as part of a programme of work to help improve the dental health of people in their area. The official authority for dental health surveys is provided by The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

10. Surveys of the oral health of 5-year-old children are undertaken biennially to support reporting against the Public Health Outcomes Framework. Surveys of other population groups are undertaken in the

intervening year. The survey is undertaken following a national protocol, sampling procedure and following regional training calibration for those conducting the fieldwork.

11. In York and North Yorkshire it has been agreed that the funding for this work will be focused only on the 0-5 year old survey and therefore will take place only every other year. Both Local Authorities are looking for a service provider to carry out the survey as the contract with Harrogate District Foundation Trust ended on 31st March 2020 due to HDFT stating they did not wish to extend the contract, as they were unable to provide the services within the financial envelope.

12. As a result of the COVID pandemic there has been no epidemiology survey completed since 2018.

Oral Health Advisory Group

13. Prior to the COVID-19 outbreak an Oral Health Advisory Group (OHAG) met quarterly, however this was postponed during the pandemic but in October 2021 it was reinstated with representation from the Local Dental Network, Office of Health Improvement and Disparities (OHID) CCG, HDFT, NYCC and CYC.

14. The purpose of the group is to enable City of York Council to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities. This will be delivered through the application of professional and clinical knowledge, insight and understanding and through collaboration with patient and public representatives.

15. The work of the group includes the coordination and local implementation of both national and local strategies and work plans including:

    - Commissioning better oral health.
    - Tackling poor oral health in children and implementing the Oral Health Improvement Strategy for the City of York published in 2019.

Children's Oral Health Improvement Strategy 2019 - 2024

16. This strategy presents the first strategic approach to oral health improvement within the City of York, supporting prevention and promotion of good oral health in children and young people.

17. The oral health strategy is aimed at improving the oral health of all children in York, with a particular focus on those children who are most vulnerable by addressing inequalities in oral health which were identified in the Oral Health Needs Assessment of Children in York 2018.

18. The strategy was developed using an evidence-based toolkit: Local Authorities Improving Oral Health Commissioning. Better Oral Health in Children and Young people.

19. The strategy will assist in ensuring that all children establish a solid foundation for good oral health in the early years which, it is hoped, will continue into adulthood and throughout their life course.

Flexible Commissioning

20. The NHS England – Starting Well - A Smile for Life is a national initiative. The aim of this programme is to improve children's oral health and reduce inequalities. Flexible Commissioning is an NHS England led initiative aimed at reducing dental health inequalities.

21. The programme is encouraging all parents and carers of children under 5 years (with a focus on children under one years old) to take them to the dentist regularly for examinations, prevention interventions, advice and treatment. It is important that children are taken to the dentist as soon as their teeth come through and before their first birthday.

22. There are a number of Flexible Commissioning Practices across the city who are accepting children under 5 years old in order to provide long-term dental care. Where a Health Visitor identifies a universal family/child is not receiving regular care from a dentist they will provide the parent/carer with a signposting card. The card identifies their nearest Starting Well dental practices and parents/carers are asked to book appointments for their children with these practices directly.

Consultation

23. Not applicable.

Options

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

Analysis

25. There is always more that can be done to support good oral health and healthy behaviours. It is important that good oral health behaviours are established in childhood by parents from the eruption of the first tooth and it is a lifelong commitment.

26. Dental and oral health is an essential part of our overall health and wellbeing and has been linked to heart disease, cancer and diabetes. The earlier we learn proper oral hygiene habits — such as brushing, flossing, and limiting your sugar intake — the easier it'll be to avoid costly dental procedures and long-term health issues.

27. There is strong evidence that shows that the daily application of fluoride tooth paste to teeth reduces the incidence and severity of tooth decay. Whilst this should be seen as something that should be supervised by parents at home, for children in vulnerable families, often with chaotic lifestyles this is difficult to achieve without support. Unfortunately, HDFT were unable to continue with supervised tooth brushing under its initial contract due to funding issues and this scheme was discontinued in York in 2019.

28. Supervised tooth brushing is not intended to replace home brushing but to support and encourage this as a lifetime habit. NICE guidance supports such programmes, and recommends supervised tooth brushing scheme for nurseries and primary schools in areas where children are at high risk of poor oral health.

Council Plan

29. In the May update to the Council Plan the local authority reiterated its commitment to supporting the best quality of life for 'our residents', especially those who educational, health and economic outcomes could be improved. The plan includes a number of key performance indicators including:

    a. Good Health and wellbeing, and
    b. A better start for children and young people which includes the reduction of health inequalities.

30. Both of these key indicators are affected and enhanced by access to oral health practitioners and healthy oral health behaviours.

Implications

31. Members are asked to consider the following implications:

- **Financial**. Budget restrictions/reductions have meant that it is not financially viable for Harrogate Hospitals Foundation trust to continue with the supervised tooth brushing schemes within 13 settings in York and via the Healthy Child Service. A small increase to this budget would mean that these inequalities are reduced resulting in healthy behaviours which last throughout life and prevent unnecessary pain, surgery and long-term conditions.
- **Human Resources (HR).** There are no HR implications within this report.
- **Equalities.** Poor oral health disproportionately affects children in vulnerable families, children who are looked after, those who have special educational needs and those of migrant and underserved populations.
- **Legal.** There are no legal implications within this report.
- **Crime and Disorder.** There are no crime and disorder implications within this report.
- **Information Technology (IT).** There are no IT implications in this report
- **Property.** There are no property implications within this report
- **Other.**

32. **Public Health Implications**: An article in 'The Lancet', July 2019, noted that oral diseases are 'undoubtedly a global public health problem' and recognise the need, 'to address oral disease amongst other non-communicable diseases as a global health priority'.

33. Children living in poverty, socially marginalised groups, and older people are the most affected by oral diseases and have poor access to dental care. For these groups oral diseases remain largely untreated because the treatment costs exceed available resources. The personal consequences of chronic untreated oral diseases are often severe and can include unremitting pain, sepsis, reduced quality of life, lost school days, disruption to family life, and decreased work productivity.

Risk Management

34. 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

35. The purpose of this report is to provide Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Public Health responsibilities regarding Oral Health.

    Scrutiny are asked to:

    i. Note the content of this report.

    ii. Support the implementation of the Oral Health Strategy where they can.

    iii. Support the further development of 'Flexible commissioning' opportunities across the city to reduce inequalities.

    iv. Provision of an oral health campaign with two strands:

        - Firstly to work across the system to provide information to local people on NHS dentistry options within the city, what is available in terms of emergency dental care if someone is experiencing acute pain.

        - Secondly an oral health promotion and prevention of dental caries. Self-care, how we can look after our teeth, teaching resources that may be used in early years settings and across the life course

36. The aim is to ensure a systemwide approach to local need for a robust oral health pathway which is accessible and equitable and timely manner for the population of Work.

Annex 1

Contact Details:

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Chief Officer Responsible for the report:
Fiona Phillips
Assistant Director of Public Health

Report Approved √ **Date** 12.01.2022

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:

Filled to Capacity: NHS dentistry in York. March 2018, Healthwatch York.

NHS Dentistry – a service in decay? July 2021, HealthWatch York

Annex 1

Abbreviations

Abbreviations for Scrutiny report on Oral Health.		
Abbreviation	**In Full**	**Explanation**
CCG	Clinical Commissioning Group (or Vale of York Clinical Commissioning Group)	The CCG is an NHS organisation led by clinicians from GP practices, who understand the needs of the community and the impact that local services have on patients' health and wellbeing. The CCG serve a population of more than 350,000 people in York, Selby, Tadcaster, Easingwold and Pocklington and the surrounding towns, villages and rural areas in the Vale of York. They commission (plan and design) many of the health services that local patients use.
CYC	City of York Council	Unitary Local Authority covering the city of York and providing governement services to arouind 200000 people in an area covering approximately 105 square miles.
HDFT	Harrogate and District Foundation Trust	Harrogate and District NHS Foundation Trust runs Harrogate District Hospital, a NHS district general hospital in Harrogate.
NICE	National Institute for Health and Care Excellence	The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health in England which publishes guidelines in four areas: the use of technologies including the use of new medicines, treatments and proceedures, clinical practice guidelines, guidance for public sector workers on health promotion, and guidance for social care servicces and users. These appraisals are based primarily on evidence-based evaluations of efficacy, safety and cost-effectiveness in various circumstances.
NYCC	North Yorkshire County Council	North Yorkshire County Council is the county council governing the non-metropolitan county of North Yorkshire. The county council provides services across North Yorkshire including Harrogate, Ripon, Scarborough, Whitby, Northallerton, Thirsk, Selby and Tadcaster.
OHAG	Oral Health Advisory Group	Oral Health Advisory Group. The purpose of the group is to enable City of York Council to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities.
OHID	Office of Health Improvement and Disparities	OHID focuses on improving the nation’s health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.

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Annex 2

NHS England - Yorkshire and the Humber
York Scrutiny Committee – Dentistry
January 2022

1 BACKGROUND

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services. Dental services commissioned by NHS England for North Yorkshire residents include:

- Primary care (general high street dentistry). Primary care dentistry is accessed by patients directly, typically at high-street dental surgeries.
- Community Dental Services (CDS) – primary and specialist dental care for patients who cannot be managed by a primary care practice, for example house bound care home residents who cannot leave their home for health care appointments. By referral only.
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111.
- Secondary care – specialist services by referral only.

Dentistry for the armed forces is commissioned separately by the NHS England Armed Forces team and the Health and Justice Team commissions dentistry in prisons.

2 DENTAL PROVISION IN YORK

NHS England currently commissions approximately £10m of primary care dentistry at 20 practices in York. The contracts, based on the commissioning of a number of Units of Dental Activity (UDAs), were agreed in 2006. The tariff per UDA was agreed locally by the PCT in 2005/6, differs by practice and is set in the providers contract, which are in perpetuity. The average UDA rate for Yorkshire and the Humber is £30.30 and the average across the 20 practices in York is £31.70.

Practices are expected to deliver their full contracted activity, however, a minimum of 96% is accepted as meeting the terms of the contract, which under-delivered activity rolled forward. If a provider does not meet the 96% minimum, then the provider must repay NHS England for the costs of the activity not delivered.

- Year ended March 2020 - Primary care providers across York delivered 96.6% of their contracted Units of Dental Activity (UDA) for the year ended March 2020 [across Humber Coast and Vale ICS footprint, the total delivery was 93%; across Yorkshire and Humber 94.5% of commissioned UDAs were delivered].
- Year ended March 2021 - For the 2020/21 year, revised contractual targets were mandated, in response to Covid, in line with updated national standard operating procedures and infection prevention control measures. Nineteen providers met these revised activity targets at year end; NHS England is supporting the practice that did not meet these minimum standards.

The average UDAs commissioned in York, per head of population is higher than the Humber Coast and Vale ICS and higher than the Yorkshire and Humber average.

For the two years up to June 2021, York had higher than the Humber Coast and Vale averages for both children and adults for the percentage of the population accessing an NHS dentist.

There is one community dental service (CDS) provider, one orthodontic provider and one secondary care trust providing services to York residents.

All available funding is committed to current contracts – see paragraph 3.

3 KEY CHALLENGES

- **Access/inequalities:** NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is not a consistent pathway to services across the region as a whole and little options with regard to contract arrangements (see the next point), in terms of both the contract that is in place and all budgets for dentistry committed to existing services.

  There is no out of hours urgent care provider in York, therefore York residents must travel to the nearest out of hours urgent dental centres, which are located in Harrogate, Leeds or Hull.

- **Primary care national contract for dentistry:** rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity

(subject to any performance concerns), with little flexibility for either the commissioner or the provider.

This is a national issue and there is a working group looking at dental contract reform, however there is no timeline to indicate when this will be completed.

Unlike GP contracts, dental contracts are based on activity and not on patient list size.

There are limited opportunities to commission differently, given primary care contracts are in perpetuity, and therefore little scope to re-distribute resources to promote oral health prevention and support dentists in treating high needs patients. However, across Yorkshire and the Humber, including City of York, a 'flexible commissioning' approach was introduced in 2019 (but deferred on 24 March 2020). By mutual agreement, five practices in York joined this scheme which looks to use the practice team's skill mix to address oral health inequities through interventions which facilitate those that have the greatest need and experience challenges accessing dental care. There is a commitment to expand this scheme when the current national standard operating procedure and contractual targets allows.

- **Procurement:** procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

- **Recruitment and retention:** difficulties faced by many practices (who are responsible for employing their practice staff) recruiting and retaining staff, which is not confined to York. Dental contracts do not dictate how practices will staff or resource their service delivery, therefore NHS England do not keep records of practice employed staff.

- **Finance allocations:** unlike GP services, dental contracts are not list based and are activity based, as established in 2006, based on activity provided within practices during 2004/05. Population growth does not generate additional funding, so it is a challenge to improve access where there are new housing developments.

- www.nhs.uk – provided by NHS Digital, which supports patients to navigate the healthcare system. Dental practices are asked to

keep their profile page up to date but this is not contractually mandated in the 2006 contracts. Any new contracts, or contract variations, NHS England agrees with providers, across Yorkshire and the Humber, includes this as a compulsory deliverable.

- **Patient perceptions – it may not always be clear to patients how NHS dental services work, for example:**

    - ‘Registered’ lists - Patients often think that they are registered with a dental practice in the same way that they are registered with a GP, however, this is not the case. GP practices contracts are based on patient lists, but dental practices are contracted to delivery activity. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

    - NHS Services being free at the point of delivery – Dental services are subsidised with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment with the contribution determined by the course of treatment; unlike other NHS services, which are provided free at the point of delivery. The national dental charges are set, on three-band tariff, each year. Practices must display this information within their clinics.

    - Private dental care - Many dental practices offer both NHS and private dental care, which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice’s contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.

4 WORKPLAN PRIORITIES FOR YORK

To improve access and reduce inequalities, an innovative approach to contracting was introduced across Yorkshire and Humber in 2019. The 'Flexible Commissioning' model translates some of the contracted UDAs into a resource envelope, which the provider can utilise to deliver care in alternative ways, i.e. dental nurses providing services for hard to reach children and other vulnerable groups of patients. There are five York practices on this scheme.

Using the core contract, by way of a variation to contract terms, this approach enables practices to move away from the traditional approach to dentistry, with units of dental activity provided by dentists replaced with dental care professionals (nurses, therapists and hygienist) undertaking a variety of oral health and preventive measures, increasing opportunities for access for those that are vulnerable.

As well as Yorkshire and the Humber initiatives, such as the development of flexible commissioning and improving access, partnership working and patient and public engagement, workplans specifically aligned to the City of York includes:

- Development of an out of hours urgent care service accessed via NHS111.
- Intermediate minor oral surgery services to be procured.
- Discussions underway with the secondary care trust focussing on commissioning additional specialist services, for specialist restorative dental treatment.

5 IMPACT OF COVID-19 PANDEMIC - THE DELIVERY MODEL SINCE MARCH 2020

The dental sector has faced particular challenges since March 2020, due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (AGPs) undertaken. Because of the use of a high speed drill and the high risk of transmission via AGPs, dental services were not permitted to see patients for face to face care at the start of the pandemic and this, together with the need to work within infection control guidance, has led to a backlog of unmet need, delayed and suspended treatments.

During the first wave of the pandemic, in the interest of patient and dental staff safety, routine and regular dental services were paused,

practices were asked to close and urgent dental centres (UDCs) were established to provide access to urgent services to patients in pain.

Practices could reopen for the provision of face to face care in June 2020, subject to having the appropriate personal protection equipment and have steadily increased the activity that they can provide since that time.

Whilst all NHS dental practices are open and able to safely provide a full range of treatments, the reduced capacity across the dental sector means that they have been asked to continue to follow the advice of the Chief Dental Officer, which is to prioritise patients according to their clinical need.

In return for income protection, practices were required to meet a set of limited conditions, including:

- a requirement that they deliver at least 20% of normal activity volumes for the period of July to December 2020;
- a minimum of 45% of pre-covid activity for the period of January to end of March 2021;
- a minimum of 60% of pre-Covid activity from April 2021 until September 2021;
- a minimum of 65% of pre-Covid activity from October to December 2021;
- a minimum of 85% of pre-Covid activity from January to March 2022.

Whilst restoration of NHS dental activity continues, it will be some time before dental services return to providing care in a similar manner and to the activity levels that patients previously experienced, with many dental practices are still catching up on the backlog from when they were closed during the first national lockdown.

Given the challenges with access and providers working through their backlog, practices have been asked prioritise seeing patients with the greatest clinical need i.e. those requiring urgent dental care and vulnerable patients which likely means a delay for patients seeking non-urgent and more routine dental care such as check’s ups.

A return to full capacity, which will be dependent on the further easing of Covid-19 control measures, will be required before practices can provide more routine and regular dentistry.

Progression to resume routine dental care is being risk-managed by individual practices. In the interim we are working with our NHS dental providers to explore opportunities to increase the clinical treatment capacity available within the constraints of the Covid pandemic and infection control measures to ensure that care can be delivered safely for both patients and staff. We are therefore asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS.

As is the case across the health and social care sector, practices are not only having to put in place contingencies to ensure minimal disruption to patient care, wherever possible, to manage staff absences (whether those staff are unwell with Covid, are not able to work due to isolation requirements or staff are not able to access testing in a timely manner) but are also experiencing increased numbers of patients cancelling appointments at short notice. These factors are impacting on practices' ability to deliver services to patients and to the resumption of services.

6 RESUMPTION – GENERAL OVERVIEW

The focus of NHS England's dental commissioning team is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance. This in turn will directly benefit patients, who may be experiencing difficulties accessing regular and routine care given practices are following the National Standard Operating Procedures, issued by the Chief Dental Officer.

7 COMMUNICATING WITH THE PUBLIC

NHS England has been posting messages on social media platforms on a weekly basis and has shared these messages with Healthwatch, CCGs, Local Authority Directors of Public Health and MPs. Some examples of these posts are shown below.

Tweet: Please be aware that dentists are currently still prioritising vulnerable patients or those with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou
Tweet: Please note that appointments for some routine dental treatments, such as dental check-ups, are limited at this time as dentists prioritise vulnerable patients and those with urgent dental needs. #helpushelpyou

Tweet: Please ONLY visit a dental practice if you have an appointment and telephone to book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need. #helpushelpyou
Tweet: Toothache should initially be managed with over the counter pain relief until an appointment can be made. Chemists are open and a Pharmacist can advise you what is the best pain control to meet your needs #helpushelpyou
Tweet: Lost fillings, crowns or bridges, broken teeth or braces are not deemed to be clinically urgent and patients are advised to contact their local dental practice when they re-open. #helpushelpyou
Tweet: Only ring NHS 111 out of hours when your dental needs cannot be met by self-care and cannot wait till your practice is open to contact them for advice. #helpushelpyou

Report prepared by:
Debbie Pattinson, Dental Commissioning Lead
North East and Yorkshire (Yorkshire and the Humber)
Date: 12.1.22.v3

Health and Adult Social Care Policy and Scrutiny Committee

24 January 2022

Report of the Director of Public Health

Childhood Obesity in York Report

Summary

1. This paper provides an overview of the situation regarding healthy weight in York, with a particular focus on children. It gives information about the national resources produced to tackle childhood obesity and draws on experience from other countries. It provides and update on work to date in York. The report is for information.

Background

2. Obesity is associated with both reduced life expectancy and reduced healthy life expectancy. It is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease, and obesity can impact on mental health. In children, it can also affect educational achievement and self-confidence.

3. The most widely used method to check if you're a healthy weight is body mass index (BMI).

4. For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

5. BMI is not used to diagnose obesity because people who are very muscular can have a high BMI without much fat. But for most people, BMI is a useful indication of whether they're a healthy weight, and it is useful as a population measure to give an indication of prevalence of obesity.

6. Abnormal BMI cut-offs in children are determined by age and sex-specific percentiles based on growth charts, as the amount of body fat changes with age and differs between boys and girls. A BMI between the 85th and 94th percentiles is defined as overweight, and a BMI ≥95th percentile is defined as obesity. Severe obesity is defined as BMI of 120% of the 95th percentile.

7. Children with excess weight have an 85% chance of developing obesity in adulthood. Therefore preventing and addressing obesity in childhood can help to prevent the health issues outlined above.

Consultation

8. Not applicable

Options

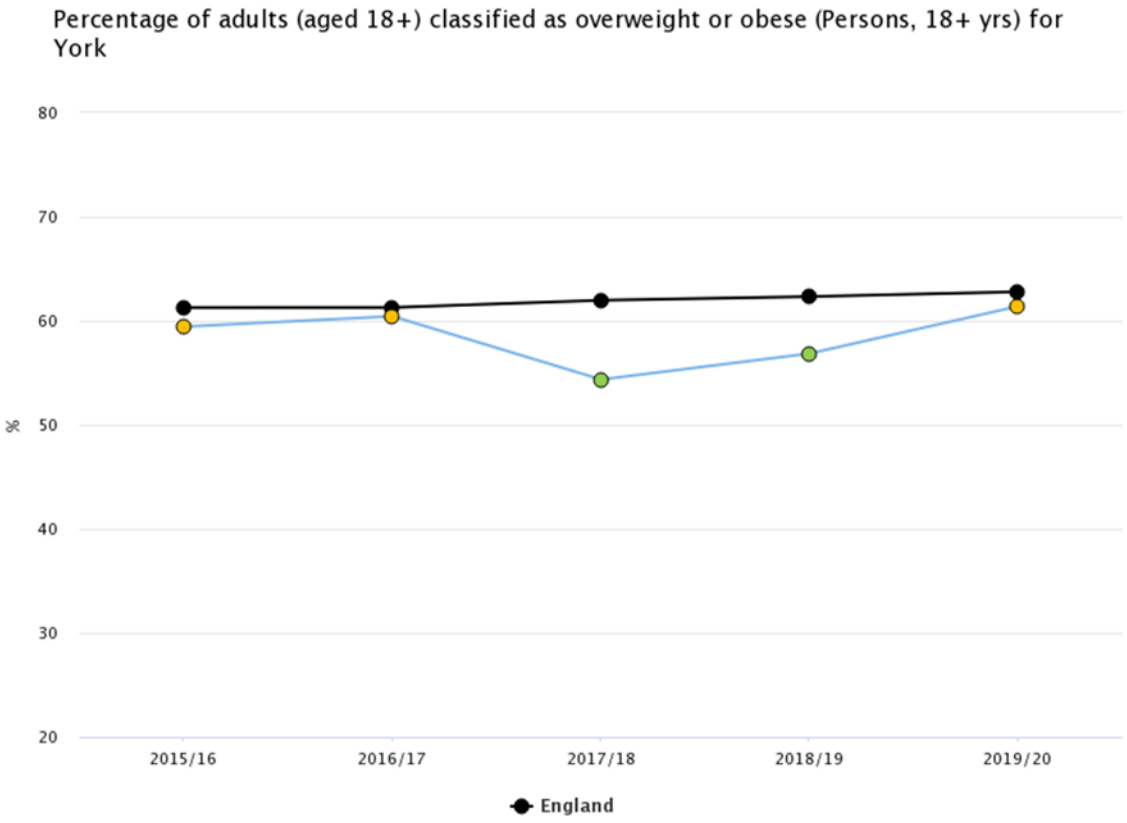
9. Members are asked to consider and note the content of this paper.

Analysis

Obesity in York

Adults

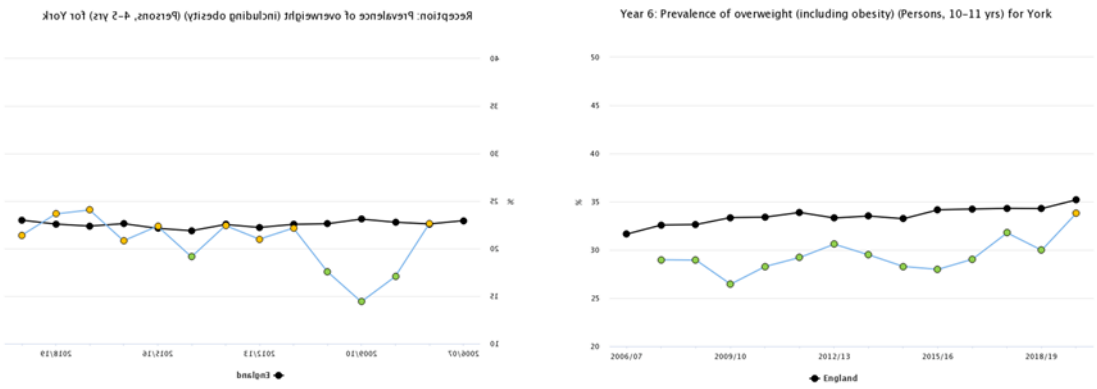
10. Data on rates of obesity in adults comes from the Active Lives Survey, carried out each year by Sport England. 61.4% of the adult (18+) population in York are currently classified as overweight or obese from the 2019/20 survey. This compares to an England average of 62.8% and a regional average of 65.2%. The trend in recent years has been increasing in York as well as nationally. When comparing with areas that have a similar population to ours (CIPFA nearest neighbours) the lowest area has 55.4% of its population rates as overweight or obese (Bath and North East Somerset) and the highest rate is in Cheshire West and Chester where 69.1% are overweight and obese. Nearest neighbours average cannot be calculated.



Children

11. Data on obesity is collected for children in reception and year 6 through the National Child Measurement Programme. In York in reception age children 21.4% are currently classified as overweight (including obese). This compares to 23% in England. The trend is generally increasing in England, rates in York have fluctuated above and below the England rate. This is 225 children.

12. For year 6 aged children 33.8% are classified as overweight (including obese) compared to 35.2% in England. Again the rates are generally increasing. In York our rates have tended to be lower that the England rate, but have also been increasing. This is 245 children.



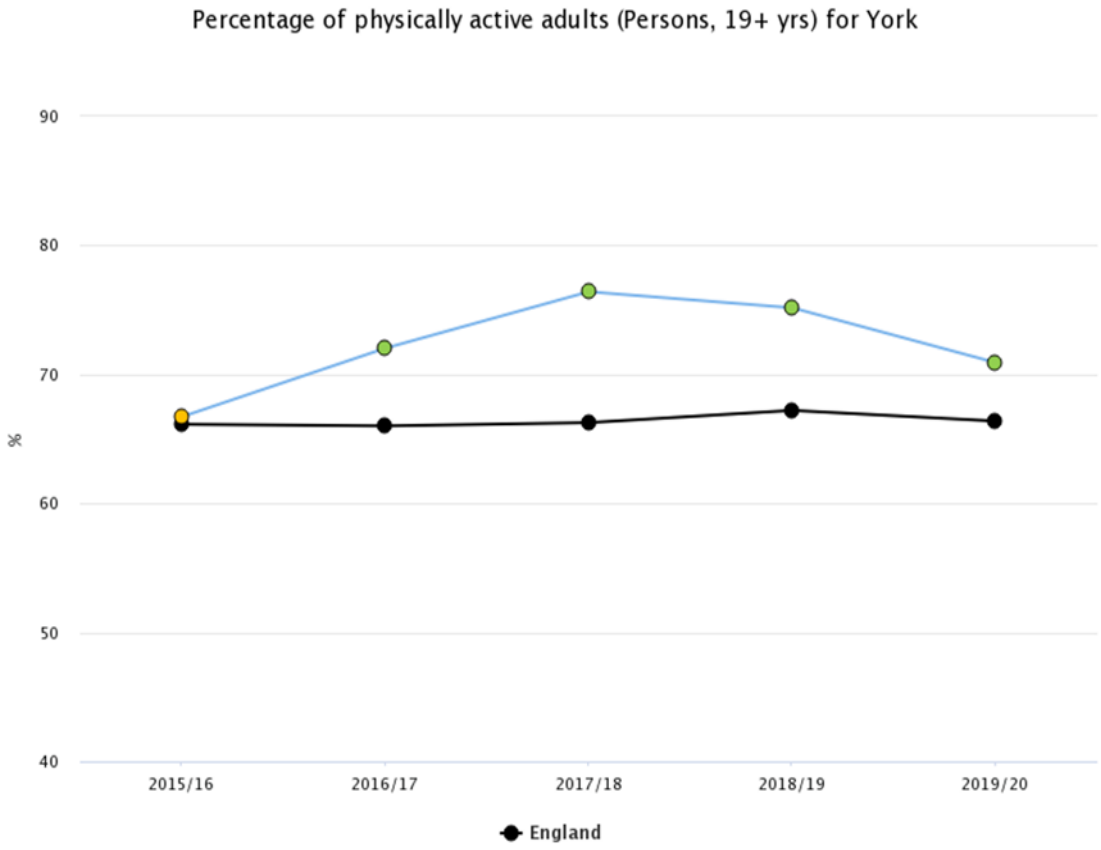
13. When comparing our data with similar areas CIPFA neighbours) the lowest rates of overweight in reception aged children are found in Trafford (18.8%) and the highest in Plymouth (27.7%). For Year 6 aged children, when looking at similar areas, the lowest rates are found in South Gloucestershire (28.6%) and the highest rates in Darlington (37.8%). The average of our nearest neighbours is 33.3%. Nearest neighbours average cannot be calculated for reception age children.

14. In England, the prevalence of obesity is not spread equally. On average, the greatest rates of obesity are seen in the most deprived parts of the country. In 2019 the obesity gap between the most and least deprived areas stood at 8 percentage points for men and 17 percentage points for women (NHS Digital 2020a). Data on childhood obesity paints a similar picture. For children in Year 6, the gap in obesity prevalence between those from the most and least deprived areas grew by 4.8 percentage points between 2006/7 and 2019/20, from 8.5 to 13.3 percentage points. As with adults, the gap has widened as a result of increases in obesity among the most deprived children while rates among the least deprived have remained steady.

15. This is also true in York. Whilst we do not have data at ward level for adult obesity, a recent analysis of childhood obesity found that prevalence of obesity was highest in our most deprived wards of Westfield, Clifton and Guildhall. Children from Black ethnic minority groups and boys in York were also found to have higher rates of obesity - JSNA | Starting and Growing Well (healthyork.org)

16. Physical activity is an important aspect of helping to achieve and maintain a healthy weight. In York we generally have high rates of physical activity. In York 71% of adults (19+) are physically active. This means they are doing at least 150 minutes of moderate activity in a week, or 75 minutes of vigorous activity, or a combination of the two.

17. The rate of physical activity is higher in York than the England average of 66.4%, and we compare favourable to areas most similar to us (CIPFA nearest neighbours) where the highest rate is 74.2% in Bristol and the lowest rate is 63.2% in Bristol. Nationally this puts us as the 25th most active area in England. Previously we have been in the top three, and the last couple of years has seen a decline in activity, particularly in 2019/20.



Pregnancy

18. Mothers who are overweight or obese have increased risk of complications during pregnancy and birth including diabetes, thromboembolism, miscarriage and maternal death. Babies born to obese women have a higher risk of foetal death, stillbirth, congenital abnormality, shoulder dystocia, macrosomia and subsequent obesity. The most recent data for York (18/19) shows that 19% of women were obese at their first booking appointment. The England average was 22.1%. The average for our nearest neighbours cannot be calculated, but the lowest rates in this group are in Swindon (14.7%) and the highest rates in Plymouth (26.4%).

The impact of covid

19. School closures, strained household finances, increased screen time, and marketing of fast foods have increased exposure for many children during the pandemic to the environmental drivers of weight gain. For the most vulnerable children, school closures have often impeded their only source of regular, healthy meals, exacerbating the health divide between more and less deprived households. The data from the National Childhood Measurement Programme for 2020/21, which is not yet included in the data quoted above, shows that rates of childhood obesity went up nationally. Those above a healthy weight (including obese) in reception increased from 23% - 27.7% and for those in year 6 from 35.2% to 40.9%. The programme was not complete in this year due to school closures, and is therefore an estimate, but it is a reasonable assumption that rates of obesity will have gone up due to the pandemic, and that this will be seen when we have the data for York.

Tackling obesity

20. At a very simple level, excess weight gain occurs when energy intake (food eaten) regularly exceeds energy burnt. As such the scientific consensus is that eating fewer calories is key for weight loss, while physical activity also plays a role. Everyone experiences multiple barriers and challenges to maintaining a healthy diet, though these are experienced most acutely by people living in the most deprived parts of England. The environment people live in can be one of the greatest challenges to eating healthily. For example, if people are surrounded by foods that are high in sugar, salt or fat, these can become the default choice. Unhealthy food environments are more prevalent in more deprived areas; for example, there is a strong relationship between deprivation and density of fast-food outlets. It was widely reported a few years ago that the in-year marketing budget of Coca-Cola was greater than the entire budget of Public Health England. Global food conglomerates, producing calorie-rich nutrient-poor food, employ cutting-edge behavioural science in their advertising and are known to relentlessly target more deprived communities, the scale of which dwarfs health promotion efforts by public health agencies.

21. As well as the environmental factors that shape people's diet, relative price of food is also a key component. Research shows that following healthy eating guidelines is prohibitively expensive for many; following the government's Eatwell Guide costs nearly three times the current average spend per person per week on food and non-alcoholic drinks.

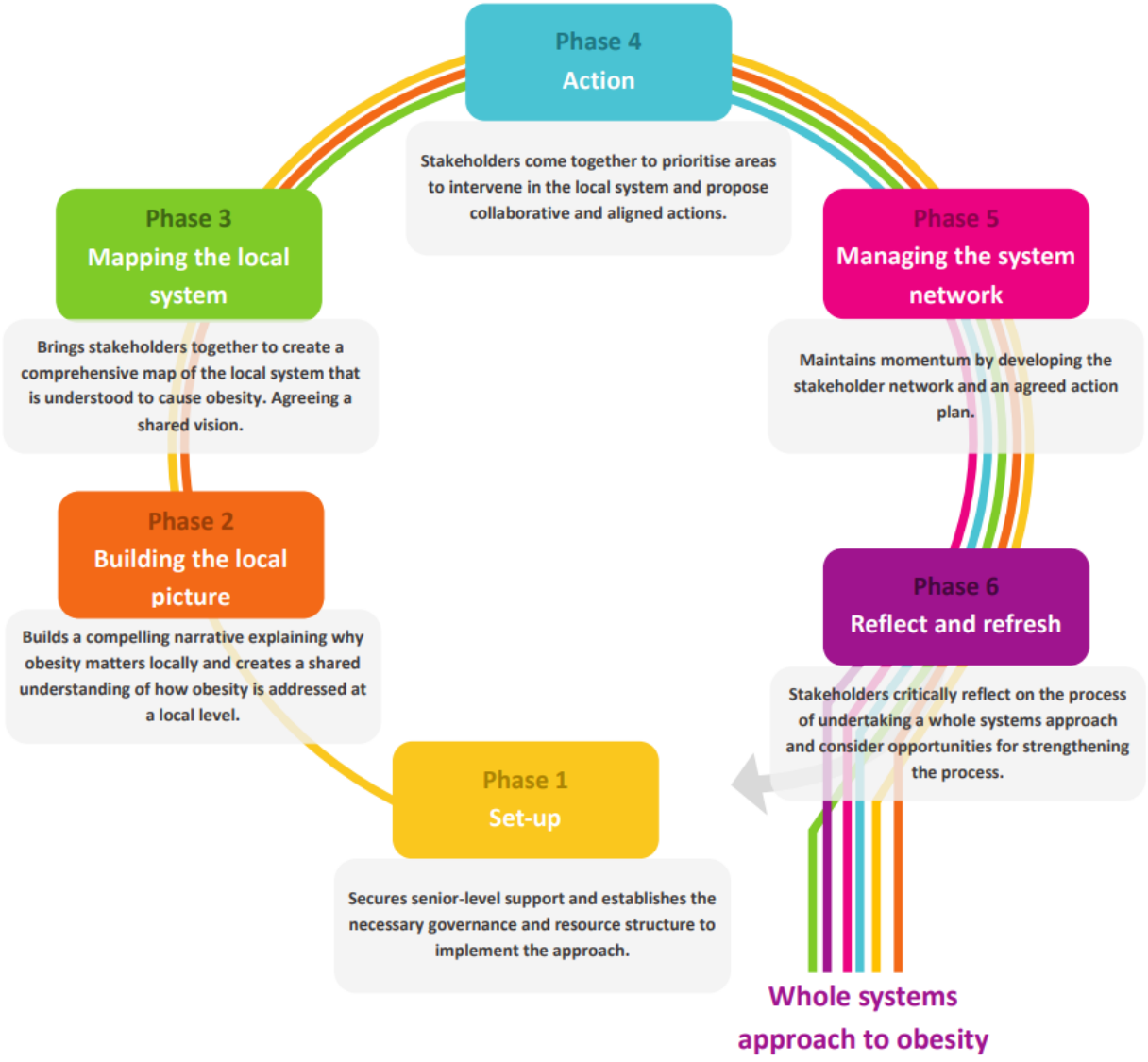
22. Approximately half of UK households have a food budget that can meet the costs of the guidelines. The barriers to eating healthily are not just about income and choice; there are other psychosocial factors associated with deprivation and poverty that make eating healthily harder. Living in poverty or ongoing food insecurity is associated with high levels of stress, meaning that people may not have the mental energy to make choices or dedicate time and effort to cooking and preparing food that is nutritionally balanced.

23. While physical activity is secondary to diet in terms of causes of obesity, it can support weight loss and improve health. People in more deprived parts of England report lower levels of physical activity than average. 62% of adults in the most deprived areas report that they are physically active compared to a national average of 66%.

24. The reasons for lower levels of physical activity in more deprived areas are multifactorial, cutting across economic, social, geographic and cultural factors. For example, levels of income will affect the relative affordability of accessing sports facilities or exercise classes, while a lack of access to green space or safe green space, can be a significant deterrent to physical exercise. As is the case with diet, some of the psychosocial factors associated with living in poverty will make finding time to exercise or prioritising physical activity difficult. Deprivation is not the only factor associated with physical inactivity, lower rates of physical activity are reported by women as well as by some ethnic minority groups.

25. No area in the UK has seen a sustained reduction in obesity rates in adults or children. Where there has been a decline in rates this has tended to be temporary, and the overall England rates have shown a trend of increasing. As an example, in 2019 it was widely reported in the national media that Leeds were the first City in the UK to see a sustained decline in childhood obesity after a 1% drop in rates over a 4 year period. However, since that time rates appear to be going up again in the City. Their success was largely accredited to a childhood weight management programme called HENRY. This programme works with families and children to support behaviour change, which helps parents gain the confidence, knowledge and skills they need to help the whole family adopt a healthier, happier lifestyle. The ethos is to support parents to identify the things they are doing well and the things they would like to change, helping them build on strengths and deciding on their own strategies to achieve their goals.

26. The Office of Health Improvement and Disparities (OHID) has piloted work in a number of local authority areas to test out taking a 'whole systems' approach to tackling obesity. This led to the production of tools to assist local areas to work in this way at the end of 2019. The figure below sets out a process for working in this way, which requires stakeholders to have a shared understanding of the issue, work together to map the factors that impact on obesity in their area, and then develop actions to address these factors.



27. Globally, Amsterdam is cited as an example of an area that has seen a sustained decline in childhood obesity rates, and has been studied extensively. Amsterdam started their obesity programme (AAGG) in 2012, led by the Deputy Mayor. Studies looking into why they were successful highlight three key aspects of their programme: leadership; doing things differently; taking a multifaceted approach. The table below

shows the 10 pillars that they worked on at a city level. The level of childhood obesity was reduced by 12% in 5 years. It is very similar to the whole systems approach referred to above.

10 pillars of action	**Policies and action**
A. Preventative:	• Screening of infants for risk of obesity • Counselling for expectant mothers • Information provided to pregnant women about healthy diets • Additional support to breastfeed • Additional support for teenage parents and more deprived mothers • Making primary schools healthier places • Cycle routes have been made safer • After-school activities have been arranged for children • Subsidies for sports club membership for low-income families • Community health ambassadors assigned • Working with supermarkets and local food suppliers to; modify menus and reduce portion sizes; manage stock better; create healthier checkout environments; use traffic-light labelling posters • Banning unhealthy food and drinks sponsorship of city sports events • Reduce the advertising of unhealthy foods in council-owned locations
1. A 'first 1000 days' approach (from the start of pregnancy until age two)	
2. Schools approach (including pre-schools and primary schools)	
3. Neighbourhood and community approach	
4. Healthy environment approach (healthy urban design, healthy food environment)	
5. Focus on teens	
6. Focus on children with special needs	
B. Curative:	• Assigning youth healthcare nurses • Drawing up care plans • Ensure overweight and obese children receive an appropriate level of care • Communicating behaviour insights
7. Helping children who are overweight or obese to regain a healthier weight	
C. Facilitate:	• Using an evidence-based approach

8. Learning and research approach 9. Use of digital facilities 10. Use of communications and methodologies for behaviour insights	• Observing interventions • Innovating digital tools • Introducing digital health coins • Exploring healthy sleep determinants, and assessing interventions

Council Plan

28. In the May update to the Council Plan the local authority reiterated its commitment to supporting the best quality of life for 'our residents', especially those who educational, health and economic outcomes could be improved. The plan includes a number of key performance indicators including:

    a. Good Health and wellbeing, and
    b. A better start for children and young people which includes the reduction of health inequalities.

    Both of the key indicators are affected and enhanced by access to health practitioners and supporting healthy choices and changing behaviours.

Implications

29. Members are asked to note the following implications:

- **Financial** There are no financial implications within this report
- **Human Resources (HR)** There are no HR implication within this report.
- **Equalities** There are no equalities implications within this report.
- **Legal** There are no legal implications within this report.
- **Crime and Disorder** There are no crime and disorder implications within this report.
- **Information Technology (IT)** There are no information technology implications within this report.
- **Property** There are no property implications within this report.
- **Other** There are no other implications within this report.

Risk Management

York's Approach to Healthy Weight

30. In York a Healthy Weight, Healthy Lives Strategy was produced in 2018, and a Healthy Weight Steering Group was established to oversee the implementation of the strategy. The Strategy sits under the Health and Wellbeing Board as part of the Board's strategy which prioritises the reduction of obesity.

31. The strategy takes a lifecourse approach as well as having some themes that run across all ages, these are the environment, inequalities and mental health. Good progress has been made in some aspects of the strategy. For example when the work commenced there was not a pathway for treatment of obesity in York. Working with partners across the system and attracting additional funding, a pathway now exists from tier 1 (information and advice) through to tier 4 (surgery for obesity). Improvements could still be made here as the funding is often temporary and only funds a small amount of people for such interventions. It is also focussed on adults.

32. Building on the work in Leeds we have explored implementing the HENRY programme in York. This was delayed due to COVID, but we now have staff in the Healthy Child Service and the Health Trainer Service trained to be able to deliver the HENRY programme for families with children aged five and below. The necessary arrangements should be in place for courses to commence in Spring 2022. Once this has been implemented we will explore the possibility of extending this offer for families with older children. The Healthy Child Service in York also delivers support to women around breastfeeding, and nutrition and healthy living in pregnancy, which is an important part of the obesity pathway.

33. In terms of tackling the obesogenic environment, as a local authority we signed up to the Healthy Weight Declaration in 2020, and published a roadmap for action focussed on responsible retailing, advertising, using health evidence in planning decisions, commercial sponsorship, increasing access to fresh fruit and veg, investment in health literacy and increasing physical activity levels. The Healthy Weight Steering Group, which includes multi-agency membership, oversees this declaration and the York healthy weight strategy.

34. Following on from the National Food Strategy, which contains a recommendation for each local area to have its own Food Strategy, work is underway to develop this in York, led by the Communities Directorate. This work will have a strong link to the Financial Inclusion Group and will consider issues of food insecurity and food poverty. Given the data presented above and the inequalities seen in healthy weight, this work will have a positive impact on the work to address healthy weight and public health will input into this work.

Recommendations

35. The purpose of this report is to provide Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Public Health responsibilities regarding obesity.

Scrutiny are asked to:

1. Note the content of the report
2. Note that a report will be provided later in the year on the progress and impact of the HENRY programme.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Fiona Phillips Assistant Director Public Health Tel No. 01904 565114	Sharon Stoltz Director of Public Health
	Report Approved √ **Date** *12.01.2022*

Wards Affected: **All** √

For further information please contact the author of the report.

Health and Adult Social Care Policy and Scrutiny Committee

Work Plan 2021/22

22 June 2021, 5:30pm (Informal Forum)	1. Work Plan 2021-22 Municipal year
29 July 2021, 5:30pm NB Chair may give apologies. If so Cllr Hook (Vice Chair) will Chair	1. Update on the peer challenge commissioned in Adult Services – Amanda Hatton, Corporate Director of People 2. Update from the CCG/Hospital Trust regarding recovery and the backlog/waiting lists across hospital/mental health services – Phil Mettam, Accountable Officer, NHS Vale of York Clinical Commissioning Group and Simon Morritt, Chief Executive, York Teaching Hospital NHS Foundation Trust. 3. Work Plan
22 September 2021, 5:30pm (Informal Forum)	1. York Health and Care Collaborative Update 2. York Health and Care Alliance update 3. Covid 19 Update (ongoing, Sharon Stoltz) 4. Work Plan
25 October 2021, 5:30pm Joint Commissioned	1. One Year Transport Plan and Blue Badge Access

Scrutiny Slot with Economy & Place Policy & Scrutiny Committee	
2 November 2021, 5:30pm	1. Update on the recent CQC Inspections and Foss Park – Naomi Lonergan, Director of Operations, North Yorkshire & York, Tees, Esk and Wear Valleys NHS Foundation Trust 2. Health and Wellbeing Board Update (Cllr Runciman, Sharon Stoltz) 3. Health & ASC Finance & Monitoring reports (Steve Tait) 4. Work Plan
15 December 2021, 5:30pm (Informal Forum)	1. Adult Social Care Provision - Market Position Statement ([presentation, Jamaila Hussein) 2. Update on smoking cessation and tobacco control in York (Sharon Stoltz and Phil Truby) 3. Covid 19 Update (presentation, Sharon Stoltz) 4. Work Plan
24 January 2022, 5:30pm	1. Childhood Obesity in York 2. Whole population dental Health in York – Representatives from the Local Dental Committee, NHS England, Public Health and Healthwatch York and various other

	professionals/organisations/service users will be invited to attend. 3. Work Plan
28 February 2022, 5:30pm Joint Commission Slot with Children, Education and Communities Policy and Scrutiny Cmt	1. Children and Young People's Mental Health Scrutiny Review - A scoping report by Children, Education & Communities Policy and Scrutiny Committee was undertaken last year before the pandemic and has been re-started afresh.
30 March 2022, 5:30pm (Informal Forum)	1. Public Health in York Update (Sharon Stoltz) 2. Covid 19 Update (ongoing, Sharon Stoltz) 3. Receive the final draft of the Market Position Statement (Jamaila Hussain and Craig Wauth) 4. Work Plan
27 April 2022, 5:30pm	1. City Response to Covid 19 Update (Sharon Stoltz) 2. Integrated Care Service (ICS) Governance Update 3. Work Plan
17 May 2022, 5:30pm Joint Commission Slot	1. Autism Strategy

with Children, Education and Communities Policy and Scrutiny Cmt	

Agenda items for consideration

1. Mental Health (Adults and Young People), several aspects potentially. Place based community approach update and also well-being post Covid for both. This item be put on hold until post Covid.
2. 'Dying Well' – Under this broad heading would include consideration of hospices. They are only partly supported financially by the Health Service and raise most of their own funding. This item be put on hold until post Covid.
3. Adult Safeguarding
4. York Health and Care Collaborative Update
5. Once completed, an update report on the evaluation undertaken on Local Area Co-ordinators
6. A further update on Foss Park
7. Adult Social Care provision, including Older Persons Accommodation programme commissioning strategy and plan in this area and including an update on the strategy behind releasing and selling the Oakhaven site & Commissioning strategy and plan in the Committee's remit. (Should be ready spring time)

Council Plan Priorities relating to Health and Adult Social Care
Good Health and Wellbeing
• Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies

• Improve mental health support and People Helping People scheme
• Support individual's independence in their own homes
• Continue the older persons' accommodation programme
• Support substance misuse services
• Invest in social prescribing, Local Area Coordinators and Talking Points
• Open spaces available to all sports and physical activity
• Make York an Autism friendly city
• Embed Good help principles into services
• Safeguarding a priority in all services
Creating Homes and World-class infrastructure
• Deliver housing to meet the needs of older residents
A Better Start for Children and Young People
• Tackle rise in Mental Health issues
Safe Communities and Culture for All
• Explore social prescribing at local level to tackle loneliness
• Expand People Helping People scheme

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