Notice of a public meeting of

Health & Adult Social Care Policy & Scrutiny Committee

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly

Date: Monday, 11 November 2019

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

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 **TO FOLLOW**

To approve and sign the minutes of the meeting held on 23 October 2019.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Friday 8 November 2019.**

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4. The Clinical Commissioning Group Report on the Primary Mental Health Team Closure (Pages 1 - 4)

Members will receive the report which provides an explanation of the circumstances regarding the set up and eventual closure of the Primary Care Mental Health team service.

5. Proposal to develop a City of York Council Corporate Safeguarding Policy (Pages 5 - 10)

Members will consider the report which sets out the reasons why a corporate Safeguarding Policy is deemed necessary for the Council. Members are asked to give their views on the proposed objectives and principles and to support this proposed policy.

6. Health Protection Assurance Report (Pages 11 - 28)

Members will receive the report that provides an overview of Health Protection systems nationally and the priorities for the City of York

7. Children's Oral Health Improvement Strategy (Pages 29 - 46)

Members will receive the report which outlines the work that has been undertaken by the Oral Health Improvement Advisory Group (OHIAG) in developing a strategy to improve oral health for children within the City of York.

8. Work Plan (Pages 47 - 50)

The Committee will consider the draft work plan for the coming year.

9. Urgent Business

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

Democracy Officer:

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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

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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Agenda Item 4

NHS Vale of York CCG Report to Health Scrutiny Committee, November 2019

CCG Statement on Primary Mental Health Team Closure

We deeply regret to confirm the closure of the Primary Care Mental Health service.

The service was developed to assist patients seeking mental health support from their GP, and launched in January 2019 as a pilot programme. This limited service was trialled in some practices in the Vale of York. Unfortunately due to complex financial circumstances it was not possible to continue the pilot.

The following report provides an explanation of the circumstances regarding the set up and eventual closure of the service.

Background to the funding of the service

In January 2019, the Primary Mental Health Team (PMHT) was set up by Priory Medical Group (PMG) on behalf of nine Vale of York practices. The PMHT service was established to support frontline general practitioners by providing an additional service to refer patients with mental health issues. These included mental health issues such as stress, anxiety and depression. These are patients that would normally be seen by their GPs for these mental health issues.

The source of funding for this was from the NHS General Practice Forward View Practice Transformation Support Scheme. Under the scheme, a capitated sum of £3 per head of population was made available to practices to fund schemes that would improve healthcare for patients and sustain general practice. The £3 per head investment consisted of £1.50 per head in 2017/18 and £1.50 per head in 2018/19 which could be spent in each year or combined as £3 per head in 2018/19, which was the case in most CCGs. This was made available fully to general practices in 2018/19 totalling £683,277 for city of York practices.

Over the last 2 years this funded the development of several Community Teams in York, including the piloted Primary Care Mental Health Workers, Care Home Nurses and other Health Care Workers. It should be acknowledged that the general practices involved set up these schemes in good faith. In particular, Priory Medical Group generously led on the establishment of the Primary Care Mental Health team on behalf of other practices and took on the management and associated risks of doing so. This required real collaborative working across practices and the initiative was well received and supported by local GPs and patients. It should also be noted that these are not CCG-commissioned services but the CCG acted as the funder of the services that were set up and managed by general practices.

What happened to the funding in 2019/20

Also of note, the funding source was non-recurrent money. That said based on funding allocations to the CCG in previous years where the monies had been made available each year by the NHS there was an expectation that this would be maintained. It was expected

that the longevity of the projects could be ensured and supported by the CCG on an on-going basis investment through any cash savings delivered, and that was the CCG's original intention. However, in 2019/20 the NHS made significant changes to the GP contract and the fund was re-allocated to fund the establishment of Primary Care Networks (PCN). Consequently, this left both the CCG and practices involved in an extremely difficult situation with an unexpected funding gap. The re-allocated funds for PCNs have strict instructions on their use and left no scope to channel these resources to the existing Primary Care Mental Health staff.

PMG sought assistance from the CCG but unfortunately CCG funding for the year had already been allocated and there were insufficient reserves to cover the costs of the service for the rest of the financial year. The only way the CCG could potentially have maintained funding to the service would have been to reduce funding to other commissioned services. (The full year cost of the service just for the city of York residents is around £310,000.) It had also been expected that data on the pilot would be collated including an evaluation of its efficacy which would inform a further decision on future funding for the service. However, as the service was prematurely stopped it was not possible to ascertain how effective this service has been. This made it difficult to justify any decision to disinvest in other services in order to maintain it.

Consequently, due to the lack of onward funding, a very difficult decision was made by the practice for the service to be withdrawn. The closure of the service has inevitably created anger and frustration, both for patients as well as the general practices involved which is deeply regrettable.

Health system response

The GPs involved, Tees, Esk and Wear Valley (TEWV) NHS Trust (the main specialist mental health provider) and the CCG have been working closely to ensure patients utilising the provision are referred to appropriate existing alternatives such as

- the Improving Access to Psychological Therapies (IAPT) Service who offer Cognitive Behavioural Therapy,
- TEWV's Mental Wellbeing Team,
- and third sector organisations such as York Mind who provide mental health and wellbeing services.

This has included a careful examination of patients referred who are on the waiting list and triage to appropriate services. The patients were also advised to ring the Crisis and Access Service or attend A&E if they felt unsafe or at risk.

We have also worked with several practices with high mental health demand and in the past month put in IAPT workers in those practices. We are already seeing an increase in referrals for IAPT as a result of this action. In addition, it is our understanding that some practices have expressed an interest in retaining some of the Primary Care Mental Health workers. The CCG is also committed to working with the affected practices to try and mitigate any financial loss as a result of this.

Post-script

This has been a difficult and painful experience for all stakeholders involved. As iterated above, the service was set up in good faith in an attempt to strengthen primary care and increase investment in services that would benefit patients. It was done with some risk but the decision made to set up the service was based on what was known at the time regarding available funding and in the strong belief that it was the right thing to do to improve patient access to mental health care. Unfortunately, the changes in the funding allocation were unexpected and difficult to mitigate against. In all fairness to PMG, had they known that the funding would not be available they would not have undertaken this endeavour.

The key lessons learned from this unfortunate incident is of the risks of establishing services using non-recurrent monies, as well as the difficulties created for patients and general practices when services are closed. The importance of sourcing sustainable funding for services is crucial and cannot be understated. The need for clearer communication between funder, service providers and patients is also clearly vital as there have been misunderstandings between the parties concerned that have not helped and undoubtedly affected trust and relationships that will need to be re-built.

On a final note, despite very challenging financial circumstances, the CCG has increased support for mental health services in York with an additional £3.5 million of dedicated funding this year compared to 2018/19. This investment has helped to increase capacity in Children and Young People's Mental Health Services, facilitate greater access to psychological therapies, and improve early intervention for individuals suffering from psychosis. The CCG is committed to meeting the Mental Health Investment Standard going forward. We will also continue to work together with partners to strengthen services in areas of high need to address mental health inequalities.

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Report Approved Date 30/10/2019

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Health,& Adult Social Care Policy & Scrutiny Committee **11 November 2019**

Report of the Assistant Director Adult Social Care

Proposal to develop a City of York Council Corporate Safeguarding Policy

Summary

1. This report sets out the reasons why a corporate Safeguarding Policy is deemed necessary for the Council. The policy will set out a set of principles around safeguarding children and vulnerable adults from abuse and expectations on elected members, officers and individuals/companies carrying out contractual work on behalf of the Council.

2. The policy will also recommend what level of awareness and training should be expected of individuals carrying out any kind of role within or on behalf of the Council.

3. The policy is intended to give assurance to members of the public, service users, elected members, employees and people working on behalf of the Council that there are clear arrangements in place to safeguard and protect children and adults.

Background

4. The safeguarding of children and vulnerable adults is not only a statutory requirement on the local authority, it is also important for the Council to declare its position on not tolerating /addressing abuse when it occurs, or appears to be occurring.

5. It is proposed that there is a duty on the Council to ensure that a culture of zero tolerance towards abuse exists and is understood by all, as well as an appropriate level of awareness of the signs of potential abuse, which means that all staff recognise the signs and know what action to

take should they come across a situation in which they believe an individual(s) may be being abused.

6. It is proposed that a corporate safeguarding policy is developed (a draft is already in progress), which sets out clear expectations that safeguarding is everybody's business, and explains how the Council; its members, officers and contractors will work to ensure that all York residents are protected from abuse and will receive appropriate guidance and training to understand their individual responsibilities.

Policy Objectives (draft)

7. The **objectives** of this document are as follows;

- To highlight how City of York Council undertakes its legal commitments in the field of safeguarding children and adults;
- To give assurance to members of the public, service users, elected members, employees and people working on behalf of the Council that there are clear arrangements in place to safeguard and protect children and adults;
- To highlight that all providers contracted with or commissioned by the council have a responsibility to adhere to the procedures and guidance set out in this policy.
- To ensure that Council staff and elected members have clear guidelines for when a child or adult may be at risk of harm.

To adopt and implement the Intercollegiate Adult Safeguarding Standards[1] in order that everyone understands their role and responsibilities in terms of acting on suspected abuse.

Policy Principles (draft)

8. Every child and adult (whatever their background, culture, age, disability, gender, ethnicity, religious belief) has a right to participate in a safe society without any violence, fear, abuse, bullying or discrimination; Every child and adult has the right to be protected from harm, exploitation and abuse. Therefore we as a Council will:

[1] Intercollegiate Adult Safeguarding Standards document (Royal College of Nursing 2018).

promote the freedom and dignity of the person who has experienced or is experiencing abuse

promote the rights of all people to live free from abuse, neglect and coercion

- ensure the safety and wellbeing of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing
- manage services in a way which promotes safety and prevents abuse
- provide effective management for staff and volunteers through supervision, support and training, ensuring that all staff at all levels have the required competencies in safeguarding and monitoring this on a regular basis
- put the welfare of children and adults at risk of abuse centrally in our policies and procedures
- work closely in partnership with children, their parents, carers and adults and other agencies to safeguard and promote the welfare of children and adults;
- Respect the rights, wishes, feelings and privacy of children and adults by listening to them and minimising any risks that may affect them;
- Invest in preventative work and early intervention and try to avoid situations where abuse or allegations of abuse or harm may occur.

Consultation

9. No consultation has taken place.

Analysis

10. It is submitted that the need for this policy is entirely compatible with the objectives of the Council to uphold the human rights of residents of York

to live free from abuse. It will clarify what expectations are in place for all employees, contractors or elected members in terms of reporting suspected abuse.

Council Plan

11. The development and implementation of this policy will contribute to at least 2 of the Council's core outcomes; Safe Communities and culture and Good Health and Wellbeing.

Implications

Financial

12. There are no financial implications in terms of this policy.

Human Resources (HR)

13. This policy will complement existing Human Resources policies and procedures, e.g. around safe recruitment, dignity at work etc.

Equalities

14. This policy will strengthen equalities initiatives and objectives. It will apply to everyone's right to live free from abuse.

Legal

15. There are no legal implications.

Crime and Disorder

16. The policy may contribute positively to the identification of crime and disorder.

Information Technology (IT)

17. There are no implications in respect of IT.

Property

18. There are no implications in respect of property.

Other

19. Not applicable.

Risk Management

20. There are no known risks associated with the development of this policy. On the contrary, it should provide assurance to York residents that the Council takes its safeguarding responsibilities seriously and has the required policies and guidance in place to protect vulnerable people from abuse.

Recommendations

21. Members are asked to give their views on the proposed objectives and principles and support this proposed policy.

Contact Details

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Report Approved [X] **Date** 31/10/2019

Wards Affected: **All** [X]

For further information please contact the author of the report

Background Papers:
None.

Annexes

All annexes to the report must be listed here.

None.

Abbreviations

All abbreviations used throughout the report should be listed here in full e.g. CSMC = Corporate & Scrutiny Management Committee.

Health and Adult Social Care Policy and Scrutiny Meeting **11th November 2019**

Report of the *Assistant Director of Public Health*

Health Protection Assurance Report

Summary

1. This report provides Scrutiny members with an overview of Health Protection system nationally and the priorities for the City of York.

Background

2. Previously this report has been presented to the Health and Wellbeing Board. However it is felt that it should sit within Policy and Scrutiny as it provides members with an opportunity to ask questions about the health protection system and whether it is meeting the needs of our residents, and to have an opportunity to influence the priorities for the City.

Consultation

3. No consultation was necessary for the production of this report. The work around health protection across the city is done in partnership with a number of organisations as detailed in the attached report.

Options

4. There are no options presented in the report.

Analysis

5. There is no analysis in this report.

Council Plan

6. The Council is currently reviewing and consulting upon its new Council Plan for 2019-23. It is scheduled to be considered by the Executive at its

meeting on 24 October. The Plan will, no doubt, contain suitable priorities for health and wellbeing.

Implications

7. There are no known Financial, Human Resources, Equalities, Legal, ICT or other implications associated with the recommendations in this report.

Risk Management

8. In compliance with the Council's risk management strategy, there are no known risks associated with this report. Risks associated with health protection are included in the attached report.

Recommendations

9. Members are asked to note the content of the attached report and to consider whether they would like to;

   i) assist officers or share ideas about how to promote uptake of Maternal vaccines with respect to Pertussis in York

   ii) request further information about the Rubella Elimination Strategy

   iii) assist in the promotion of the Winter Flu Vaccinations by sharing details with constituents

   iv) assist officers to share ideas about how to promote CYC information and guidance on emergency planning related to flooding.

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Report Approved	x	**Date**	*31/10/19*

Wards Affected: *List wards or tick box to indicate all* **All** X

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Annexes

Annex 1 – Health Protection Report

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ANNEX 1

Scrutiny Health Protection Report

What is health protection?

Health Protection is a term used to encompass a set of activities within public health. It is defined as protecting individuals, groups and populations from single cases of infectious disease, incidents and outbreaks, and non-infectious environmental hazards such as chemicals and radiation.

Health protection is one of the responsibilities of Public Health England (PHE). It has been given an increasing profile in recent years following threats from viruses including Ebola, Zika and Influenza. Protecting the population from infectious diseases is amplified due to the extensive movement of people and climate change. These increase the chances that we will witness a global pandemic in the coming years, including pandemic flu and novel viruses.

The Health Protection System.

PHE is an executive agency of the Department of Health and Social Care which delivers public health services including surveillance, intelligence gathering, risk assessment, scientific and technical advice, specialist health protection and public health epidemiology and microbiology services. At a local level, local authority Directors of Public Health provide leadership for the public health system working closely with NHS and PHE. Local Health Resilience Partnerships (LHRP), often chaired by Directors of Public Health, provide a strategic forum for organisations to plan for emergencies and facilitate health sector preparedness in the event of an emergency.

Health protection aims to prevent, assess and mitigate risks and threats to people's health, this requires close working between Directors of Public Health, NHS, national government and agencies, industry and the public.

The aim of this paper is to give an over view of the national Health protection priorities, how these are managed at a regional level and how these are translated into local actions and priorities.

National Picture.

In |September 2019 Public Health England (PHE) released *its PHE Infectious Diseases Strategy 2010-2025: Addressing urgent threats in the 21st Century*. The strategy outlines 10 strategic priorities for the UK over the next 5 years.

Strategic Priority 1: Optimise vaccination provision and reduce vaccine preventable diseases in England. After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health.

Strategic priority 2: Be a world leader in tackling Antimicrobial Resistance (AMR). Without effective antibiotics even minor surgery and routine operations become high risk procedures, leading to prolonged illnesses and higher number of deaths. The number of antibiotic resistant infections is predicted to increase over the next 20 years.

Strategic priority 3: Capitalise on emerging technologies to enhance our data and infectious disease surveillance capability. Advances in technology provide opportunities to improve how we collect, process and use data. This supports rapid detection and control and a greater understanding of disease burden and changes in disease patterns.

Strategic priority 4: Eliminate Hepatitis B and C, Tuberculosis (TB) and HIV and halt the rise in sexually transmitted infections (STIs) in our population. There have been an increase in the number of infectious Syphilis diagnoses and STIs over the last decade. The UK has also committed to the WHO elimination targets for Hep B and C and TB and the eradication of HIV by 2030.

Strategic priority 5: Strengthen our response to major incidents and emergencies including pandemic Influenza. Pandemic Influenza is the highest scoring risk on the National Risk Register of Civil Emergencies. It remains essential to continue to prepare, adjust our plans with the emergence of new threats and continue to test and assure our response arrangements.

Strategic Priority 6: Build evidence to address infectious diseases linked with health inequalities. In England, some pathogens disproportionately affect groups already experiencing health inequalities, including the homeless.

Strategic priority 7: Embed WGS in PHE labs and optimise the use of WGS-based information. Whole Genome Sequencing (WGS) is transformative technology that can determine transmission of microbes in

a population, detect and support the control of outbreaks and provide improved information for the diagnosis and treatment of infectious diseases.

Strategic priority 8: Integrate and strengthen England's Health Protection System. The priorities set out in the PHE strategy require effective delivery of health protection services – this requires close partnership working between those in the health protection system.

Strategic Priority 9: Strengthen our Global Health activities to protect health in the UK and globally. The extensive movement of people and climate change increases the risk of the spread of infections, including new and emerging infection threats.

Strategic priority 10: Define the value generated by delivering our Infectious Diseases Strategy. Evidencing the impacts that PHE has with partners will allow us to learn more about the spread of infectious diseases, improve and target work and resources for the greatest impact.

These priorities include some of the major challenges of our times. Vaccine preventable diseases are re-emerging worldwide and optimising vaccine provision is key to prevention. Today there are notable health inequalities, many of which are associated with increased risk from a range of infectious diseases.

Regional Priorities.

Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

City of York is part of the North Yorkshire Local Resilience Forum. This forum produces a Community Risk Register (CRR) which provides information on the emergencies that could happen in the North Yorkshire

and York, together with an assessment of how likely they are to happen and the impacts they will have if they do. This includes the impacts to people, their homes, the environment and local businesses. These risks are regularly reviewed.

It identifies:

1. Emergency Management Steps.
2. North Yorkshire and York's Top Risks.

    - Pandemic Influenza.
    - Flooding.
    - Severe Weather
    - Industrial Incident
    - Marine Pollution. Disruption or Failure Electrical Network.
    - Industrial Action.
    - Animal Health.
    - Hazardous Transport
    - Cyber Security
    - Run, Hide, Tell

3. What you can do to be prepared in your home.
4. How your local community can be prepared.
5. How your business can be prepared.

For more information about the North Yorkshire Community Risk Register go to:

https://www.emergencynorthyorks.gov.uk/node/10

Emergency Preparedness, Prevention and Response (EPPR). Led by the NHS the EPPR includes the acute Hospital trust, the ambulance service, Primary care providers, the Vale of York Clinical Commissioning Group and any providers of NHS-funded care, to show that they can deal with a wide range of incidents and emergencies that could affect health or patient care, while maintaining services. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

NHS England has a strategic national framework that contains the principles for health preparedness, protection and response. The Regional Commissioning Operation Team operate this at a local level and incident response plans are modelled on the national plan. The key

objectives of these plans is to provide confidence through effective oversight, direction and coordination of the NHS to provide a resilient response. These local plans link to the Community Risk Register detailed above. NHS Vale of York CCG have specific local plans around: fuel shortage, flooding, evacuation and shelter and Pandemic Flu.

Screening and Immunisation Oversight Group (SIOG). The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England (NHSE) for operational purposes.

SIOG is the accountable body, led by NHSE, to oversee and advise on the commissioning and delivery of NHS National screening and Immunisation Programmes under section 7a of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Section 7a contains all the national screening and immunization programmes including:

Vaccinations:

- NHS Seasonal Influenza Vaccination programme
- The childhood vaccination programme
- Men ACWY
- MMR
- Shingles
- Maternal Pertussis (Whooping Cough)
- HPV

Screening Programmes:

- Bowel Cancer Screening
- Diabetic Retinopathy (EYE) Screening
- Breast Cancer Screening
- Abdominal Aortic Aneurysm, and
- Foetal Anomaly Screening.

It is recognised that these vital programmes require continuous development, support and monitoring to ensure their quality and sustain and improve performance and access. SIOG receives the risk and incident registers, ensures that actions are in place to mitigate any potential consequences and seeks advice and escalates concerns as

appropriate. The Group provides timely assurance to Public Health England (Yorkshire and Humber) and the local Directors of Public Health through the meeting papers to enable them to fulfil their statutory functions in relation to the protection of population health.

Local Priorities

Our local priorities are based on local need, data and in response to known inequalities, however they also follow some of the national priorities outlined above.

1. **Vaccine provision.** Public Health within CYC, work as part of the Health protection system to prevent deaths and disease in our population by working with partners to extend access and improve uptake of existing vaccines. Our Director of Public Health has a seat at SIOG and we are represented on both the LRF and the EPPR partnerships.

   For example: we have been working with our adult social care partners, those who prove home care (domiciliary care), residential and nursing home provision to increase the uptake of the Influenza vaccine within both staff and residents/clients. To support this the Public Health Team have attended meetings of these groups, given presentations, provided resources and information for both staff and residents so that they can make more informed decisions.

   The Public Health Team have also worked with our Occupational Health and human Resources colleagues to extend the offer of a free flu vaccination to all staff who work for CYC, not just those who may be at increased risk of catching or spreading the virus. Internally we have also held awareness information sessions for Health trainers so that they can practice the Making Every Contact Count (MECC) methodology in encouraging all their clients to have the flu vaccine.

   In 2018 Public Health England's regional Screening and Immunisation Team produced a Screening and Immunisation – Local Implementation Plan (SILIP) to support the delivery of screening and immunisation programmes in England. This plan highlighted the main areas of concern where uptake was low, didn't

reach national targets or was variable across GP practices. This enabled us to identify areas of good practice and where support is required. The following are the key areas, relating to vaccines that have been identified:

- Improve uptake of shingles vaccination in eligible cohort
- Improve uptake of seasonal flu in 6 months to two years, 2&3 year olds and at risk individuals age 16-65.
- Improve uptake in Catch up cohorts of Men ACWY immunisation

2. **Elimination and detection of TB, HIV and sexually transmitted infections within our population.** We work with partners to reverse the trend in the transmission of STIs and work to eradicate HIV transmission. We do this by commissioning sexual health services which have prevention as their core business, identifying those most at risk to HIV and other STI's and targeting these at risk groups. Our sexual health service was one of the pilot site for the provision of PrEP and PEPSE.

   PrEP or Pre-exposure prophylaxis is when people at very high risk for HIV take daily medicine to prevent HIV. PrEP can stop HIV from taking hold and spreading throughout the body. When taken daily, PrEP is highly effective for preventing HIV from sex or injection drug use.

   PEPSE or Post-Exposure Prophylaxis following Sexual Exposure, is a short course of HIV treatment, given to people who may have been exposed to HIV, in order to reduce the risk of them becoming HIV positive.

   We work with our commissioned sexual health service to reduce all STI's within the population, by implementing NICE and other sexual health guidance and best practice.

   Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It is a serious condition, but can be cured with proper treatment. In York we have a specialist TB nursing team that works with TB cases in the community.

3. **Our response to major incidents and emergencies including Pandemic Flu.** Following a recommendation by the Health and Wellbeing Board, in 2016 the Director of Public Health established a CYC Health Protection Committee (HPC). The aim of the HPC is to provide assurance to CYC and the Health and Wellbeing Board that we have adequate prevention, surveillance, planning and responses in regards to health protection issues. The Committee is a multi-disciplinary and multi-agency committee with representatives from Public Health England, Vale of York Clinical Commissioning Group (CCG), Infection Prevention and Control Team and different teams within CYC including environmental health, emergency planning and major incident team.

   With contributions from this committee, and working with North Yorkshire Health protection Board we have:

   - Developed an Assurance Framework
   - Developed and exercised a Mass Treatment and Vaccination Plan.
   - Produced a draft Pandemic Flu Plan for CYC
   - Produced an Outbreak Plan for CYC, and
   - Developed a Health Protection Framework which identifies key risks and mitigating actions for local threats to health.

4. **Address infectious diseases linked with Health Inequalities.** Building on our ward data profiles and other sources of data we work with our commissioned services to provide services for those residents with 'at risk' behaviours and those in areas of inequality. For example our Commissioned sexual health service works extensively to provide the National Chlamydia Screening Programme to under 25 year olds.

   York is a city with 2 universities a further education college and other post school establishments including Askham Bryan College. Evidence tells us that 15 to 25 year olds are at the highest risk of Chlamydia infection and therefore work is concentrated within these educational establishments and schools across York. Young people can access Chlamydia screening by either attending the sexual health service, in GP practices or can order a testing kit on-line. In areas of known inequality the sexual health service has outreach

clinics from its central hub within the city centre. The service also works with those groups who are more at risk of HIV infection by operating an outreach service which targets those populations, for example Men who have sex with Men and Sex Workers.

5. **Integrate and strengthen the Health Protection System.** One of the core roles of the DPH (Director of Public Health) is as independent advocate for the health of the population and system leadership for its improvement and protection. The DPH role is a statutory role appointed by the Local Authority and Secretary of State for Health.

   The DPH is responsible for the local authority's contribution to health protection matters, including the local authority's roles in planning for, and responding to incidents that present a threat to the public's health including infectious disease, environmental hazards and extreme weather events.

   In York the DPH has established a Health Protection Committee, supported the development of key policies including the production a Pandemic Flu Plan, contributed to incidents including flooding gold command and represents CYC on the Emergency Preparedness, Resilience and Response (EPRR) regional group which feeds into the Local Health Resilience Partnership (LHRP). The DPH and NHS England take responsibility for chairing the LHRPs whose responsibilities include:

   - Facilitating the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
   - Providing support to the NHS, Public Health England (PHE) and DPH representatives in their role to represent health sector EPRR matters.
   - Provide support in assessing and assuring the ability of the health sector to respond in partnership to emergencies at a local level.
   - Remain responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations.

6. **Protecting the health of the population, UK and globally.** As described above, one of the roles of the DPH is acting as an advocate for the health of the local population. The extensive movement of people and climate changes increases the risk of the spread of infections and so by having robust processes in place to respond to outbreaks and emergencies locally we support and contribute to strengthening infectious disease control locally, across the UK and globally.

   For example there was a recent case of Measles in York. The index case – a mother of 4 children - had her eldest 2 children partially vaccinated with one dose of MMR (Measles, Mumps and Rubella vaccination) but the younger children were not vaccinated at all. When the Index case was confirmed as positive for Measles the 2 older children were visiting grandparents in another part of the UK. PHE locally made contact with the local PHE region, and they were offered the MMR2 vaccine. The family had close links with a church group and the younger children attended the church crèche. Both children were later confirmed as positive measles cases. This was further complicated by the fact that the church and the crèche had hosted a visiting group of Americans who had subsequently flown home.

   The case study indicates how quickly infectious diseases, especially measles and Influenza, can spread rapidly around the UK and worldwide.

   This was contained to only a few cases by the quick response of the Health Protection system, the development of an Outbreak Control Team (OCT) and the proactive actions of local NHS services.

7. **Delivering our Screening and Immunisation Local implementation Plan.** Performance against health protection outcomes is reported through the Public Health Outcomes Framework (PHOF). Our Screening and Immunisation Local Implementation Plan (SILIP) identifies key target areas for screening:

   - Halt the decline in uptake in women at first appointment for cervical screening
   - Improve bowel screening in practices below the national target

- Improve uptake of maternal vaccines
- Improve the coverage of MMR2 across all age groups.

We have worked with our CCG and PHE colleagues to promote the national Cervical Screening Campaign, promoting the uptake using advertising on Bus stops, with our early year's providers and schools to get the message to mothers of children. Early years providers have been given materials to hand out to mothers and staff to further promote this.

Bowel cancer screening within the Vale of York CCG are has been increasing over the last 30 months in person age 60 to 69 (as reported to PHE), the most recent data states this is 63.9% which is higher than the England average – 57.3%.

Uptake of maternal vaccines. The incidence rate of Pertussis (Whooping Cough) in York is 19.2 /100,000 which is much higher than the England average of 7.8/100,000. This means that we have more work to do to encourage pregnant women to have the Pertussis vaccination in Pregnancy. Likewise with the flu vaccination the coverage for 'at risk' individuals under 65 is only 46.1/100,000. There is no identified target for uptake of maternal vaccinations but the more coverage means the more protection within the local population.

Conclusion

Current risks to health.

Measles

In January 2019 the UK lost its Measles free status. However, that status has not been maintained and in 2018 there was a marked increase in the number of measles from 284 in 2017 to 991 in 2018. Based on this, WHO determined that the UK could no longer be considered as measles free and that transmission of measles had been re-established.

In the childhood immunisation schedule children are required to have two doses of MMR vaccine, the first at age 12 to 13 months and the second at 3 years 4 months. The UK and York have achieved the recommended level of 95% vaccination rate for MMR1, but MMR2 uptake is currently sub-optimal and therefore presents a threat to health as protection against measles, mumps

and rubella is not at its most effective unless two doses of the vaccine have been administered.

There are lots of positive work streams nationally, regionally and locally to support the uptake of the measles vaccine. The NHS long Term Plan includes a range of measures to maintain and increase the uptake of two doses of MMR vaccine. These include a fundamental review of the GP contract and a check of MMR status for 10 and 11-year olds has recently been added to the GP contract.

The recent Government Green Paper on prevention proposed a vaccine strategy in addition to the implementation of the existing Measles and Rubella Elimination Strategy. The Department of Health and Social Care, working with PHE and NHS England, will deliver this comprehensive strategy in the autumn. Locally the PHE is working on a regional approach to this strategy which is due to be launched in November 2019.

Influenza

As the winter and flu season approaches it remains imperative that we are all mindful of the impact of flu on our communities, family and friends. For the majority of people Flu is a self-limiting illness that lasts for 6-8 days but for some groups flu is a serious and life threatening illness and it is important that we protect these people as soon as possible into the ‘flu season’. There are many people who are eligible for a free NHS flu vaccination including older people over the age of 65, pregnant women and all primary school children. However there are also those people who are under 65 that are considered to be more ‘at risk’ due to underlying health conditions, that can also access free NHS flu vaccines.

Flu spreads easily and quickly, so York as a popular tourist destination and host of mass participation events need to be mindful of these threats to public health due to the increased risk of spreading flu within the city and beyond. In an attempt to limit the spread of Flu and Influenza Like Illnesses (ILI) CYC contribute to an annual Flu Plan which brings together a number of agencies that work together to ensure the uptake of the flu vaccination is at optimal levels.

Within the Flu Plan CYC has responsibility for ensuring that its key staff are vaccinated and that we encourage our commissioned services encourage their staff to have the flu vaccination particularly in Health and Social care settings including Care Homes. CYC operated a staff flu vaccination offer through its Occupational Health Service. This is targeted at those staff who have direct patient/client contact. However over the last couple of years Public Health has increased this offer to all CYC staff (excluding Schools) but including, for example, Be Independent.

Flooding

York's location, on low ground at the junction of the rivers Ouse and Foss, means that certain parts of the city and surroundings can be prone to flooding. There are a number of agencies that prepare and protect York from floods including the Environment Agency, CYC, the NHS and the Major incident Response Team. CYC work with North Yorkshire Local Resilience Forum and our Emergency Planning teams to prepare for emergencies and there are a range of resources on the website for residents to support them with planning for an emergency; R U Prepared booklet, flood safety and Public Health advice and information.

Abbreviations

AMR- Antimicrobial Resistance

CCG- Clinical Commissioning Group

CYC- City of York Council

CRR- Community Risk Register

DPH -Director of Public Health

EPPR- Emergency Preparedness, Prevention and Response

GP- General Practitioner

ILI - Influenza Like Illnesses

HIV – Human Immunodeficiency Virus

HPC - Health Protection Committee

HPV- Human papillomavirus

LRF- Local Resilience Forums

LHRP- Local Health Resilience Partnership

MECC Every Contact Count Methodology

MENACWY- meningitis and blood poisoning (septicaemia)

MMR- measles, mumps, and rubella

NHS- National Health Service

NHSE- National Health Service England

NICE- The National Institute for Health and Care Excellence

PHOF - Public Health Outcomes Framework

PrEP - Pre-exposure prophylaxis

PEPSE - Post exposure prophylaxis after sexual exposure

PHE- Public Health England

SIOG - Screening and immunisation Oversight Group

SILIP - Screening and Immunisation Local Implementation Plan

SILIP - Local Implementation Plan

STI- Sexually Transmitted diseases

TB- Tuberculosis

WGS- Whole Genome Sequencing

WHO- World Health Organisation

Health,& Adult Social Care Policy & Scrutiny Committee **11 November 2019**

Report of the Assistant Director of Public Health

Children's Oral Health Improvement Strategy

Summary

1. A previous performance report to Scrutiny Committee highlighted that hospital admissions for dental caries for children aged 0-4 in York were higher than the England average.

2. Scrutiny Committee requested that further work be carried out to understand the reasons for this and what recommendations might be needed to improve this.

3. This report outlines the work that has been undertaken by the Oral Health Improvement Advisory Group (OHIAG) in developing a strategy to improve oral health for children within the City of York.

Background

4. An Oral Health Improvement Advisory Group (OHIAG) was established for York in December 2017. The main purpose of the OHIAG was to bring partners together from across the City of York to drive oral health improvement, address oral health inequalities and promote population oral health prevention across the city.

5. The OHIAG identified their first priority as being children. This was in response to the Joint Health and Wellbeing Strategy for York, which stated the Board would monitor progress on 'reducing hospital admissions for tooth decay in children' and in response to the request from this Scrutiny Committee to have a better understanding of the reasons for high admissions for dental caries in the 0-4 age group and develop an action plan to address this.

6. To achieve the aims and objectives of the group, membership constituted representatives from a wide range of organisations with a particular interest and focus on oral health in the City of York.

7. An oral health needs assessment of children in York was undertaken by OHIAG. This explored the oral health needs of children in York and identified any areas of concern in order to target resources towards improving the oral health of those at specific risk. The needs assessment had a specific aim of understanding the high admission rates for dental caries in 0-4 year olds in York.

8. The data examined as part of the oral health needs assessment showed an emerging picture of the oral health of our children in York; suggesting that in five year olds in York oral health is good. There is data that suggests that oral health by age 12 has declined, but this data is almost ten years old.

9. Attendance at a dentist for young people in York is high, although improvements could be made in the 0-2 age group. This is likely to be achieved through better education of parents about when to start taking your child to see a dentist and will fit with regional work being led by NHS England.

10. Referral to hospital for tooth extractions for any cause is in line with England rates overall for children in York, although it is slightly higher for the under 10 age groups. This is not a dissimilar picture to that seen for the Yorkshire and Humber region as a whole.

11. The high rates of extractions under general anaesthesia for dental caries in the 0-4 age group has not fully been explained to date, but the data highlighted suggests that this is not due to poorer oral health of children in York.

12. Using this data, the OHAIG led the development of the Children's Oral Health Improvement Strategy. 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.

13. It 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.

14. The implementation of this 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 the life course. Establishing good oral health behaviours early in life can reduce the burden of restored or treated teeth into adulthood and minimise the number of adults recalling negative childhood dental experiences. Individuals who are willing to seek treatment will reduce the lost productivity in the workforce due to days off as a result of dental pain.

15. The strategy has been developed using an evidence base toolkit: Local Authorities Improving Oral Health: Commissioning Better Oral Health for Children and Young People (CBOH) (PHE, 2014) which outlines the efficacy and cost effectiveness of evidence based oral health interventions.

16. There are six main objectives of the strategy:

    - Promote oral health in children and young people;
    - Strengthen community actions that will support improved oral health;
    - Ensure the reorienting of health services for prevention;
    - Develop the oral health knowledge base of the professional workforce;
    - Create environments that support individuals with good oral health;
    - Integration of oral health policy into wider strategic priorities.

17. The OHIAG will lead the implementation of this strategy and ensure engagement with other partners as required and in line with any actions undertaken as part of the strategy.

18. An action plan will be created, to sit alongside the strategy, which will translate the following improvement principles into tangible actions.

Consultation

19. Initial consultation that has taken place through the OHAIG, membership of which includes:

    - Public Health Lead, City of York Council
    - Members of the Local Dental Committee
    - Local Dental Network Chair and Dental Commissioner, NHS England
    - Community Dental Service

- Consultant in Dental Public Health, Public Health England
- Specialist Registrar in Dental Public Health, Public Health England
- Representative of Dental Care Professionals
- Oral Health Promotion leads
- Patient Representative: Healthwatch
- CCG representative
- Acute NHS trust
- CYC: Healthy Child Service and Adult Social Care

Council Plan

20. The work of the OHIAG and the associated strategy relate to the Council Plan priority to focus on frontline services for residents.

Implications

21. There are no implications associated with the recommendation of this report.

Financial

22. There are no financial implications to this report. The OHIAG is undertaken within the budget of Public Health.

Human Resources (HR)

23. There are no HR implications.

Equalities

24. The aim of the OHIAG is to improve oral health for all residents of the City of York and to reduce health inequalities.

Legal

25. There are no legal implications.

Information Technology (IT)

26. There are no IT issues relating to this report.

Property

27. There are no property issues relating to this report.

Risk management

28. The recommendations within this report do not present any risks which need to be monitored.

Recommendations

29. Scrutiny Committee are asked to:

    a. Receive the update on the work being carried out to understand the oral health of children in York.

    b. Receive the Children's Oral Health Improvement Strategy and support its implementation.

    c. Consider inviting NHS England to report to scrutiny on the work they are undertaking on tooth extractions under anaesthesia across the region.

30. Reason: To keep the committee informed of issues relating to the oral health of children in York and provide assurance that action is being taken to address any areas where concerns are raised.

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Report Approved [X] **Date** 30/10/2019

Wards Affected: *List wards or tick box to indicate all* **All** [X]

For further information please contact the author of the report

Annexes
Annex 1 Children's Oral Health Improvement Strategy

Abbreviations

CBOH - Commissioning Better Oral Health for Children and Young People
OHIAG - Oral Health Improvement Advisory Group

NHS –National Health Service
PHE – Public Health England

ANNEX 1

Children's Oral Health Improvement Strategy

2019-2024

CITY OF YORK COUNCIL

ANNEX 1

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Introduction

In recent years there have been significant improvements in oral health for children; however, the prevalence of dental decay in children in the UK remains at 25 percent (PHE, 2018), despite it being almost entirely preventable. A clear social gradient exists, with children in lower socioeconomic groups being disproportionately affected and this national picture is reflected in York, with under-5s experiencing unacceptable levels of dental decay.

Decay can be prevented through regular brushing, adequate exposure to fluoride and reducing sugar consumption. Establishing an oral health improvement programme for children under 5 years old in York, consisting of both universal and targeted initiatives is likely to improve this picture and subsequent outcomes.

Purpose of the Strategy

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.

The following 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.

The implementation of this 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 the life course. Establishing good oral health behaviours early in life can reduce the burden of restored or treated teeth into adulthood and minimise the number of adults recalling negative childhood dental experiences. Individuals who are willing to seek treatment will reduce the lost productivity in the workforce due to days off as a result of dental pain.

This strategy has been developed using an evidence base toolkit: Local Authorities Improving Oral Health: Commissioning Better Oral Health for Children and Young People (CBOH) (PHE, 2014) which outlines the efficacy and cost effectiveness of evidence based oral health interventions. Interventions which the CBOH toolkit outlines to be of limited value or would be discouraged have been included at the end of the document for information.

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Aims and Objectives

- Promote oral health in children and young people;
- Strengthen community actions that will support improved oral health;
- Ensure the reorienting of health services for prevention;
- Develop the oral health knowledge base of the professional workforce;
- Create environments that support individuals with good oral health;
- Integration of oral health policy into wider strategic priorities.

Background

What is oral health?

The World Health Organisation defines oral health as "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing" (World Health Organisation. 2018).

The prevalence of dental decay in children in the UK remains at 25 percent (PHE, 2018), despite it being almost entirely preventable. Dental decay occurs as a result of the interaction between bacteria on the surface of the tooth, the metabolism of sugars and formation of acids, creating a cavity. Once a cavity is present decay will continue, causing pain and will require treatment in the form of restoration or extraction. Once decay has affected the tooth structure, the burden of restoration and maintenance will be felt across the life-course.

The impacts of poor oral health

The risk of developing caries starts from birth and there are a set of unique risk factors for children due to parents dictating the nutritional practices. A poor diet coupled with sub-optimal tooth-brushing habits increase the risk of the disease, for example many parents are unaware of the risks posed to first teeth from regular exposure of sugar, especially in feeding bottles.

The effects of decay are wide reaching, affecting a child's cognitive and physical development and their quality of life. Children living in deprived areas are disproportionately affected and as a result their daily activities are restricted 12 times more, with many children missing education as a result.

ANNEX 1

Dental decay is the number one reason for children being admitted to hospital in England (PHE, 2017) with poorer children twice as likely to require tooth extraction under general anaesthetic. Recent data in the UK shows there were 7,926 admissions for tooth extractions as a result of decay costing approximately £7.8 million (PHE, 2017).

The prevention of dental decay in children, especially for those most at risk, will not only positively affect the early years but will set the foundation for a healthy adulthood. Addressing this chronic disease now will reduce the burden placed on health and social care, at a time when ambitions have been set to boost 'out-of-hospital care', put prevention at the heart of the agenda and help people have greater control of their own health (NHS England, 2019).

Populations at risk of poor oral health

Tooth decay is almost entirely preventable; however, those individuals that are unable to brush their teeth without supervision, frequently intake a high sugar diet, have a dry mouth and/or have poor access to regular dental care are more susceptible to dental decay. Those most at risk include children of all ages, particularly younger children and infants, those with severe disabilities and medical problems, those from deprived communities, those attending special support schools and looked after children.

There are inequalities for children aged 0-15 years associated with accessing NHS dental care. At ward level access rates range from 55% in Guildhall to 85% in Heworth without. Those areas with less than 70% access were as follows:

Fishergate

Fulford and Heslington

Holgate

Clifton

Micklegate

Guildhall

Individuals from more deprived communities are more likely to have poorer oral health. It is therefore important to identify areas within the City of York where there are the greatest levels of deprivation as this would help to identify areas where limited resources to improve oral health could be targeted.

Local Picture

York is predominantly an affluent city, with good outcomes for its residents (CYC, 2016); however, there are pockets of significant deprivation which are hidden by the overall positive picture. 9.7% of children in the city live in poverty (PHE, 2019) and 60 percent of this is concentrated in five wards (CYC, 2011). Dental extraction rates (0-4 age range) have been consistently higher than the national average over the past four years (PHE, 2019) indicating a lack of prevention, especially for those children in the deprived wards, as indicated by Figure 1.

Reducing admissions to hospital for dental extraction and tackling inequalities are key deliverables in York's Joint Health and Wellbeing Strategy (CYC, 2017), demonstrating a strategic commitment to addressing these issues.

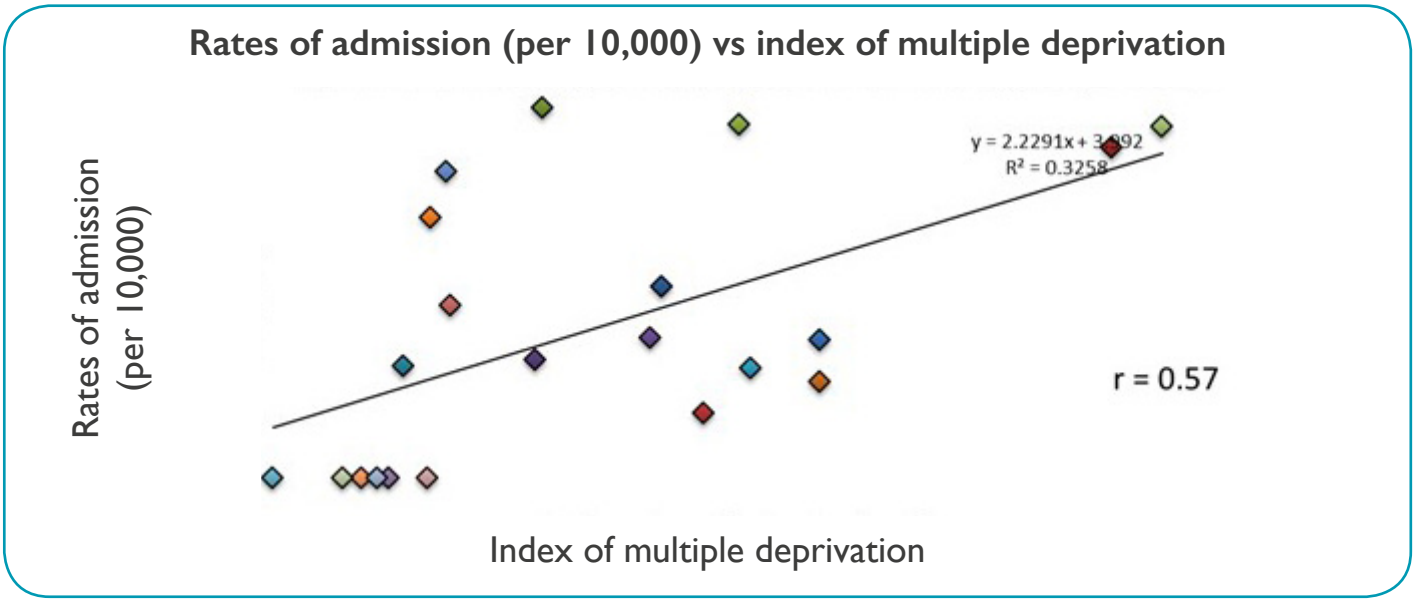

Figure 1
Rates of admission to hospital for extraction due to dental decay versus level of deprivation in York (2016/17)

ANNEX 1

Access to NHS dental services in York

The majority of NHS dental care is provided by general dental practitioners for both adults and children. There are currently 18 dental practices providing NHS dental services within City of York Council (CYC) boundaries and one Community Dental Service facility (NHS England. 2018).

From the data provided by NHS England (NHS England. 2018) NHS dental access for children aged 3-17 years of age for York in 2016/17 ranged from between 82-93% with slightly lower figures for 2017/18 (ranging from between 81-91%). For all age groups between 0-17 years of age, access to NHS dental services in York was better for both 2016/17 and 2017/18 when compared with Yorkshire and the Humber.

However, despite NHS dental access for children in York aged 0-2 years being higher than the regional values, reported NHS dental access for this age group is poor (38% for 2016/17 and 2017/18). Whilst this is disappointing, poor dental access for this particular age group is relatively common, and there are various national initiatives which are being used to increase the numbers of very young children accessing NHS dental care.

Current oral health statistics – Tooth decay

A national oral health survey of 5 year old children in England (Public Health England. 2018), which is conducted every 2 years, identified that in the 2016/17 school year that 84.1% of 5 year old children in York that were surveyed (273) had no experience of dental decay. York also had the highest percentage of 5 year olds with no experience of dental decay compared with all other areas of Yorkshire and the Humber that participated in the survey. However, this means that 15.6% did have experience of dental decay and those children that are affected will have almost 4 teeth either decayed, extracted or filled by the time they reach 5 years of age. It is the most vulnerable and poorest in society who will have the worst oral health and the impacts of this have been outlined above.

Current oral health statistics – Tooth Extraction

Tooth extractions due to decay was the most common reason nationally for elective hospital admissions in children aged 5-9 years old. Dental treatment under general anaesthesia (GA), presents a small but real risk of life threatening complications for children. Tooth extractions under GA are not only potentially avoidable for most children but also costly. Extracting multiple teeth in children in hospitals in 2015/16 represented a total NHS cost of nearly £50.5 million.

ANNEX 1

Attempts to reduce the numbers of hospital episodes for the extraction of teeth needs to address several areas including (Public Health England. 2019):

- Engagement of primary and secondary care providers;
- Establishment of clear acceptance criteria and triage of referrals;
- Enquiry into reasons for admission for extraction where caries is not present.
- Provision of training for primary care teams in the management of dental decay among children in acute and chronic stages.
- Commissioning and Implementation of oral health improvement interventions with the local authority.
- Clear agreement about the provision of support for families before and after hospital in an effort to avoid repeat episodes in the future.

Current oral health statistics – Fluoride varnish application

Application of fluoride varnish has been shown to be effective in increasing the levels of available fluoride topically within the mouth regardless of the fluoride content in the water supply.

Fluoride varnish is well accepted and safe and requires minimal training to apply. Fluoride varnish is mostly applied by dentists though dental nurses can undergo training to enable them to apply varnish and provide preventive message to patients. This increases the skill mix of a dental practice and makes it more orientated towards prevention.

Recent figures from NHS England (NHS England. 2018) (using total child population aged 0-17 from NHS England 2018 and ONS population data) revealed that 53.5% of children in York of those aged between 0-17 years of age in 2016/17 and 64% in 2017/18 received fluoride application.

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Implementing the Strategy

Oral health improvement requires a system wide approach, as one organisation alone cannot tackle this issue. CYC have developed a multi-agency Oral Health Improvement and Advisory Group (OHIAG) bringing together key stakeholders from across the city in order to achieve positive oral health outcomes and undertake future oral health development work.

The OHIAG will lead the implementation of this strategy and ensure engagement with other partners as required and in line with any actions undertaken as part of the strategy.

An action plan will be created, to sit alongside the strategy, which will translate the following improvement principles into tangible actions.

Strengthening community actions

Targeted peer (lay) support group/peer oral health champions

- Explore opportunities where targeted support via community champions could deliver oral health messages, particularly in the most deprived wards of the city.

School or community food cooperatives

- Explore opportunities for working with voluntary groups involved with food banks to see whether there could be opportunities for oral health promotion.

Reorienting health services for prevention

Targeted community-based fluoride varnish programmes

- Monitor NHS Fluoride varnish uptake yearly through analysis of NHS Digital data by the Business Intelligence Team.
- Explore how oral health promotion services are commissioned particularly for vulnerable groups.

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Developing personal skills

Oral health training for the wider professional workforce (e.g. health education)

- Explore how oral health promotion training can be provided to the wider health and social care workforce, including those that work and look after vulnerable groups.
- Promotion of appropriate and consistent oral health messages

Integration of oral health into targeted home visits by health/social care workers

- Explore opportunities for services focused around the 'early years' (including LATs and Healthy Child Service) can deliver oral health promotion at key contact points.
- Explore feasibility of integration of oral health promotion as part of every contact counts, for example via contact with school nurses, midwives and social care.
- Oral health improvement should be an integral part of the work of health visitors and schools nurses and should be included in the service specification for these services in the CYC linking in with the messages that are given by health visitors, for example in relation to breastfeeding.
- Explore opportunities where oral health promotion could be delivered for vulnerable children including those with special educational needs.

Create Supportive Environments

Healthy food and drink policies in childhood settings

- Explore healthy food and drink policies in early years, schools and workplace settings, through links with other strategies, such as The Healthy Weight Strategy

Safeguarding Children

- Advocate for the training of dental teams to flag early markers of dental neglect, which could be a proxy measure of general neglect to implement supportive services.

Fluoridation of public water supplies

- Explore the political and feasibility of water fluoridation for York, initially through informal discussions and then following the statutory process if appropriate.

ANNEX 1

Influencing local policies

- Integrate oral health into wider strategies, for example the Healthy Weight Strategy and the Infant Feeding Strategy.
- Explore integration of oral health improvement into existing policies and programmes such as the Healthy Child Service.

Infant feeding policies to promote breastfeeding and appropriate complementary feeding practices

- Support the Healthy Child Service and Midwifery services with promotion of breast feeding and appropriate complementary feeding practices aligned with national guidance.

Interventions with Limited Value

The following interventions outlined below have been evaluated in the CBOH Children and Young People toolkit to have limited value (due to one or more of the following reasons; limited evidence basis, limited impact on reducing inequalities, costly, implementation challenges) or would be discouraged. Due to limited resources the following would not be recommended. These have been aligned with the relevant Ottawa principles below:

Reorienting health services for prevention

- Targeted community-based fissure sealant programmes
- Targeted community-based fluoride mouth rinse programmes
- Using mouth guards in contact sports

Developing personal skills

- Social marketing programmes to promote oral health and uptake of dental services by children.
- Person-centred (one-to-one) counselling based on motivational interviewing outside of dental practice settings.
- One off dental health education by dental workforce targeting the general population.

Create supportive environments

- Provision of fluoridated milk in school settings.

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Health and Adult Social Care Policy and Scrutiny Committee

Draft Work Plan 2019-20

Tuesday 18 June 2019 @ 5.30pm	1. Scrutiny Arrangement Overview Report 2. Presentation of Public Health Directorate-Sharon Stoltz 3. Work Plan
Tuesday 30 July 2019 @ 5.30pm	1. Healthwatch York Six Monthly Performance Report 2. Executive Member for Health & Adult Social Care, Cllr Runciman, Executive Member 3. Health and Wellbeing Board Annual Report Cllr Runciman, Chair HHWB 4. Year End Finance and Performance Monitoring Report 5. Overview of Health and Adult Social Care Directorate, Sharon Houlden, Director 6. CSMC Food Poverty Review 7. Work Plan
Tuesday 17 September 2019 @ 5.30pm	1. Unity Health Progress Update 2. CCG: Repeat Medicines Ordering Update 3. 1st Quarter Finance and Performance Monitoring Report 4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare services 5. Safeguarding Vulnerable Adults Annual Assurance Report 6. Work Plan
Wednesday 23 October 2019	1. Older Persons Accommodation Needs Survey 2. Substance Misuse Review Implementation Update

@ 5.30pm	3. Mental Health Update- Developing a Community approach to Mental Health and Wellbeing 4. Bootham Park Update 5. Work Plan
Monday 11 November 2019 @ 5.30pm	1. CCG- Mental Health GP Services closure 2. Review of Adult Safeguarding Policy 3. Annual Health Protection Assurance Report 4. Oral Services Update 5. Work Plan
Tuesday 17 December 2019 @ 5.30pm	1. Older Persons Accommodation Overview 2. Multiple Complex Needs Network Update 3. 2nd Quarter Finance and Performance Monitoring report 4. Work Plan
Tuesday 21 January 2020 @ 5.30pm	1. Healthwatch York six-monthly Performance Report 2. Health and Wellbeing Board Bi-annual Report 3. Work Plan
Tuesday 18 February 2020 @ 5.30pm	1. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services 2. Workplan
Tuesday 19 March 2020	1. CCG Repeat Prescription Update 2. 3rd Quarter Finance and Performance Monitoring Report

@ 5.30pm	3. Work Plan
Tuesday 23 April 2020 @ 5,30pm	1. Work Plan
Tuesday 19 May 2020 @ 5.30pm	1. Work Plan

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