
Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	2 April 2025
Present	Councillors J Burton (Chair), Vassie (Vice-Chair), Baxter, Hook, Rose, Runciman, Wilson, Clarke (Substitute), Waller (Substitute) and Fenton (Substitute)
Apologies	Councillors Moroney, Smalley and Wann
In Attendance	Councillor Steels-Walshaw (Executive Member for Health, Wellbeing and Adult Social Care)
Officers Present	Peter Roderick – Director of Public Health
Visitors Present	Debbie Leadbetter – Primary Care Programme Lead, Humber and North Yorkshire Health and Care Partnership

53. Apologies for Absence (5:46 pm)

Apologies were received from Cllrs Moroney, Smalley and Wann, who were substituted by Cllrs Clarke, Fenton and Waller respectively.

54. Declarations of Interest (5:47 pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

55. Minutes (5:47 pm)

Members considered the accuracy of the minutes of the meeting held on 12 March 2025. An amendment was suggested to correct a typo at item 50 (2024/25 Finance and Performance Monitor 3).

Resolved:

- i. That the minutes of the meeting held on 12 March 2025 be amended at item 50 (Urgent Care Delivery) at the second bullet point to replace:
 - ‘... due there being no budget for necessary existing posts and the use of agency staff.’with
 - ‘...due to there being no budget for necessary existing posts and the use of agency staff.’
- ii. That subject to the above amendment, the minutes of the meeting held on 12 March 2025 be agreed as a correct record and signed by the Chair.

56. Public Participation (5:52 pm)

It was reported that there had been one registration to speak at the meeting under the Council’s Public Participation Scheme.

Flick Williams, participating remotely, spoke in relation to matters under the remit of the committee, recounting a recent experience in acquiring essential prescription medication involving visits to multiple pharmacies. She noted that many disabled people were adversely affected by supply shortages and suggested that barriers to daily disabled living were little understood by the Mayoral Combined Authority’s Inactivity Trailblazer.

57. Humber and North Yorkshire Integrated Care Board - Dental Services and Oral Health Update (6:05 pm)

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

The Humber and North Yorkshire Health and Care Partnership’s Primary Care Programme Lead provided an overview, and in response to members’ questions it was noted that:

- Recent data suggested dental access for adults continued to fall while access for children was increasing; it was not yet clear if the latter was due to the impact of child-only contracts. Access to urgent appointments had improved. The impact of the handing back of a provider contract in 2022 was emphasised; it had taken until December 2024 for another practice to take on the affected patients.

- The Prevention, Access, and Treatment (PAT) programme involved dentists and dental nurses visiting participating schools; having started in the East Riding the scheme was being rolled out across the whole Humber and North Yorkshire Integrated Care Board (ICB) area. Work was underway to integrate the additional elements of the PAT scheme with existing Public Health programmes such as supervised toothbrushing; and the ICB was liaising with local authority colleagues to identify practices and schools to take part.
- Dental services for care homes were provided through community dentistry services, and the ICB was considering ways to expand the service. Best value considerations affected the feasibility of offering a dental van service to rural areas; it was noted that only certain kinds of work could be done in a van, and managing the process would require significant resource; as such increasing the availability of urgent appointments had been prioritised.
- Four practices in York were taking part in child only contracts; the availability of funding was the main barrier to more practices signing up.
- Reports from dental practices suggested that routine check-ups accounted for most of the increase in children's access. With reference to flexible commissioning practices, children in care had always been included on the priority list, and care leavers had now also been added.
- Much feedback from dentists related to issues with the dental contract, and as such the government's interest in contract reform was to be welcomed. With reference to recruitment, it was noted that there was no dental training institute within York and North Yorkshire, but that work was being done to attract those from the area who had trained elsewhere to return within the NHS. The ICB was looking to engage with local authorities around incentives and housing to encourage trained dental staff into the NHS locally and welcomed a partnership approach.
- The ring-fence on dental budgets within the ICB area had been maintained. There was a budget for all contracted activities, and providers had to pay back for services not delivered; this money was then used to reinvest in urgent access. It was an ambition to incorporate more delivery into contracts.

Resolved: To note the report.

Reason: To keep the committee updated on the current position in respect of dental services across York.

58. Oral Health in York (6:23 pm)

Members considered a report outlining the Oral Health commissioned projects by Public Health, and the collaboration projects with the ICB and other partners.

The Director of Public Health provided an overview, and in response to questions from the committee it was noted that:

- With reference to supervised toothbrushing, there was evidence that positive behaviours acquired in childhood were carried forward into adolescence and adulthood, and other patterns suggested there was likely a positive impact on toothbrushing by other family members; relevant studies could be signposted.
- The Public Health team's emphasis was on a universal approach weighted towards more deprived areas; there was a need for flexibility to address need regardless of postcode, although the budget for oral health projects was limited.
- Due to funding limitations there were currently no active public health programmes on oral health training for adults. There were key messages that could be communicated, and options for doing this could be considered in future.
- The North Yorkshire and York Healthy Schools award included healthy eating within the bronze award; work in schools was already done around a variety of public health issues which it was hoped to expand in future.
- Supervised toothbrushing, fluoride varnish and water fluoridation were all effective preventative measures; a trial of the latter was currently underway in the North East although much of the UK already had fluoridated water.
- Attention was drawn to the currently unallocated work plan item on healthy weight; the developing service offer would move away from stratified weight management to a compassionate approach; this would include conversations around determinants of oral health, and it was suggested that members might wish to consider relevant recommendations at that point.

Resolved:

- i. To note the report.
- ii. To support, where possible, the provision of dental care access in communities.

Reason: To keep the committee updated.

59. Work Plan (5:56 pm)

Members considered the committee's work plan for the remainder of the current municipal year. It was noted that:

- The committee had previously requested a breakdown of the numbers of people helped in each service area in Finance and Performance monitoring reports to get a clearer sense of relative spending, and it was suggested that more detail could have been provided in the most recent report. It was noted that the volume and complexity of the data requested could present a challenge in how reports were structured, and careful consideration would be needed to ensure narrative detail remained clear; the Chair noted that she would pass members' views to the appropriate officers.
- The Chair and the Executive Member had participated in a recent round table discussion with the Integrated Care Board and Public Health officers in relation to pharmacy provision.
- Council's recent resolution to recommend that the relevant scrutiny committee undertake a task-and-finish review into the likely local impact of government proposals on disability and long-term sickness benefits was noted.
- The scheduled meeting in May would be the committee's last in its current form. The upcoming changes to the scrutiny function which had been approved by Council provided an opportunity through necessity to consider the best way to address remaining unallocated items on the work plan; these outstanding items demonstrated the degree to which the committee had struggled to cover all suggested items, and careful consideration would be needed in deciding which subjects were most appropriate for public committee briefings and informal member briefings respectively.
- A model for scrutiny based on more extensive use of task-and-finish groups could be very effective if done well; while there might be some concerns that fewer formal committee meetings could reduce the level of scrutiny, it was highlighted that a task-and-finish approach offered the opportunity for a more detailed examination of issues which otherwise might have been dealt with briefly at committee.
- There were alternatives to standard reports as a means to access relevant information, and that going forward the opportunity to engage with scrutiny topics in new ways should be taken. It was also suggested that under the new scrutiny model, more detailed

background on when topics had previously been considered should be included in reports to ensure scrutiny members had full access to relevant information.

Resolved: To note the work plan.

Reason: To keep the committee's work plan updated and ensure that opportunities presented by the changing approach to scrutiny were taken.

Cllr J Burton, Chair

[The meeting started at 5.46 pm and finished at 7.31 pm].