
Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	11 November 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Waudby, Kilbane, Melly and K Taylor
Apologies	Councillor Perrett

35. 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 interest that they might have in respect of the business on the agenda.

Cllr Melly declared a non-prejudicial interest in the business of the Committee generally and not in relation to an agenda item in particular, in that she had previously held a post which had involved lobbying on Health policy areas discussed in the Quality Assurance Report.

36. Minutes

Resolved: That the minutes of the previous two meetings of the committee held on:

- (i) 23 October 2019, and
- (ii) 17 September 2019

be approved and signed as a correct record.

37. Public Participation

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

38. The Clinical Commissioning Group Report on the Primary Mental Health Team Closure

The Chair had been advised by officers in the Council's Legal Department that this item be deferred to the next Committee on 17 December 2019.

This decision had been made in light of the recent decision by Parliament to allow for a snap General Election. A writ had been sent to all local authorities that Parliament had been dissolved and we are now in a state of purdah during the General Election.

Purdah means that government business, local and national ordinarily cease or are affected during campaigns if they are deemed to potentially influence voting behaviour or are politically sensitive. The Clinical Commissioning Group is a government body and is therefore subject to purdah rules.

39. Proposal to Develop a City of York Council Corporate Safeguarding Policy

Members received a report outlining the reasons why a corporate Safeguarding Policy was deemed necessary for the Council. The policy provided: (i) a set of principles around safeguarding children and vulnerable adults from abuse and (ii) expectations on elected members, officers and individuals/companies carrying out contractual work on behalf of the Council. The policy also provided assurance to that same group of people that there were clear arrangements in place to safeguard and protect children and adults.

Kyra Ayre, Head of Safeguarding, Vulnerable Adults and Michael Melvin, Assistant Director Adult Social Care were in attendance to present the report and to respond to questions.

In response to concern that the council did not already have this policy in place, officers explained that the council had a range of policies and procedures that had covered these aspects however, it was considered necessary to bring these processes together in one clear corporate document. This policy had also been intended to raise the profile of safeguarding and act as an awareness raising. It would also outline various training levels required for different roles within or on behalf of the Council.

The following information was provided in response to questions from committee members:

- Consultation would be undertaken with Children's Services, HR, the council's workforce development unit and wider.
- If the policy generates more work for the safeguarding team that would be escalated and supported as this is the council's statutory duty.
- There are no systems in place to measure how effective the policy is. The council benchmark their own figures, this is something that the Safeguarding Health Board would be focusing on. That Member requested that officers email him further information on that aspect.
- Members would have liked some further information on vulnerable people and those with Autism and how they are being supported and understood that this could not be discussed in this meeting due to purdah.

Officers confirmed that this policy and finalised report would be completed by late December and that this committee could expect to receive this in the new Year.

Resolved: That Members of this committee considered the proposed objectives and principles set out in this draft report and support this proposed policy.

Reason: In order for Members to have the opportunity to provide comment and feedback on the direction that the above policy is taking and to receive information on this aspect of service delivery.

40. Health Protection Assurance Report

Members received a report which provided an overview of the Health Protection system nationally and the priorities for the City of York.

Previously this report had been presented to the Health and Wellbeing Board (HWBB). However it was considered by the Board that this aspect should sit within the Health and Adult Social Care Policy and Scrutiny Committee as it would provide Members with an opportunity to ask questions about the health protection system and whether it was meeting the needs of York residents. Members would also have the opportunity to influence the priorities for the City. The Chair considered that this item should continue to sit with the HWBB as the Board

comprises relevant operational expertise. The Chair agreed to raise this with the Chair of the HWBB.

Fiona Phillips, Assistant Director, Public Health and Phillipa Press Public Health Specialist Practitioner (Advanced), were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- In relation to strategic priority 6: to build evidence to address infectious diseases linked with health inequalities and measures to address this, officers spoke about their screening implementation plan and action plans in place for infection.
- Information on equalities by ward is presented at Primary Care Network meetings. Members considered it would be beneficial to receive this information via an email.
- Regarding the Influenza vaccine provision, officers confirmed that those in York working in health and social care had been given this vaccine for free for a number of years. This had widened to all City of York Council (CYC) staff and had been advertised in the 'Buzz' communication. The relevant information had been given to all managers to cascade to their staff. Take up had gone from 200 to 700 this year. This is not available for school staff as they have arrangements in place. At Primary schools this is offered to children and extended to staff. In Secondary schools the council had provided advice on how they could access free Influenza vaccine vouchers.
- Officers confirmed that there is a clear Public Health communication in relation to Influenza vaccine on the 'One City of York' council website and in care homes and local Pharmacies.

The measles, mumps and rubella (MMR) vaccine

- In relation to the measles, mumps and rubella (MMR) vaccine, statistically York residents were above and below the national averages. The MMR1 is administered at 13 months and has a very positive 98 percent take up. The MMR2 is administered at 3 years and 4 months and has an 86 percent take up, which is below the national average. This is indicative across the country. Statistically, York are in the middle in relation to our comparable neighbours.

- In response to Members concerns regarding anti-vaccines campaigns and messages usually found on social media, officers outlined that the World Health Organisation were putting together a response which states that vaccinations are scientifically safe. They are working with social media channels to challenge this.
- In relation to understanding the figure of 14 percent of parents that do not take their children for the follow up MMR2 vaccine, officers explained that it was difficult to understand the underlying reasons for this percentage as this is confidential information held by the GP.

A Member considered that it was unlikely that parents were choosing not to bring their children to have the MMR2 vaccine based on concerns or apprehension around having the vaccine given that 98 percent of children were having the first vaccine. Members expressed concern that perhaps parents had not understood that both vaccines were required.

Resolved: Members noted the content of the report and were willing to:

- (i) Assist officers and share ideas about how to promote uptake of Maternal vaccines with respect to Pertussis in York .
- (ii) Assist in the promotion of the Winter Flu Vaccinations by sharing details with constituents.
- (iii) Assist officers to share ideas about how to promote CYC information and guidance on emergency planning related to flooding.

Members also requested:

- (iv) further information about the Rubella Elimination Strategy.

Reason: To keep Members informed of health protection assurance in York.

41. Children's Oral Health Improvement Strategy

Members received the report which outlined the work undertaken by the Oral Health Improvement Advisory Group (OHIAG) in developing a strategy to improve oral health for children within the City of York. This work had been in response to a previous performance report to a Scrutiny

Committee which had highlighted that hospital admissions for dental caries for children aged 0-4 in York were higher than the England average and the Scrutiny Committee's requested that further work be carried out to understand the reasons for this and what recommendations might be needed to improve this.

Fiona Phillip, the Assistant Director Public Health was in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- 86 percent of children attend a dentist regularly in York which is higher than the national figures.
- Attendance for children aged 0-2 was very low. This is a national phenomenon.
- Officers considered that children in York had access to an NHS dentist.
- Officers explained that If a parent was unable to register their child at a local dentist this would be the responsibility of NHS England. A GP or health professional could refer them to a community dental service located at Micklegate.
- There is a correlation with deprivation and oral health and perhaps understanding the value and necessity of dental appointments. Westfield is an example. There is plenty of provision but lower take up of dental appointments. Annex 1 of the officer report had provided information on dental attendance by ward.
- To improve oral care for children we would need to improve the knowledge of social carers, nurses, school workers etc. who could enquire/notice whether children brush teeth regularly and visit the dentist.
- Dental tooth decay in those under the age of four is a big indicator that care is not being taken of oral health.
- The oral health strategy links in well with other health strategies such as healthy weight, food policies and advice to mothers on ways of feeding. A key area of work would be to link with these types of strategies.
- There is a small budget within Public Health to commission communication services.
- In York between 1 and 200 children a year are referred to hospital to have a tooth extracted under general anaesthesia. Officers did not know the reason for this. This would require further questioning of NHS England.

- There are highly trained dentists in York who work with children with particular anxiety in relation to dental visits and with those who have special needs. Perhaps extending that training would assist in reducing the number of children referred to hospital.

The committee agreed to invite NHS England to a future meeting to discuss the referral pathway for children for tooth extractions under anaesthesia. Members wanted further information on why tooth extraction for children was administered under general rather than local anaesthesia. Members also sought further information on the preventative work undertaken on this aspect.

Resolved: That the committee:

- (i) Noted the Children's Oral Health Improvement Strategy and support its implementation.
- (ii) Requested that NHS England be invited to report to the January or February 2020 committee on the work they are undertaking on tooth extractions under anaesthesia across the region.

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.

42. Work Plan

Members considered the work plan for 2019/20. The following were agreed as alterations and/or additions to the Work Plan for 2019/20.

December

- CCG – Mental Health GP Services closure
As this item had been deferred from the November meeting.

The Scrutiny Officer confirmed that Members would receive information regarding the Oakhaven building at Lowfields and the options for consideration at that site.

January

- Adult Safeguarding Policy

The chair asked Members to give consideration to possible scrutiny reviews for the New Year.

43. Other Business

It was noted that David McLean, the Scrutiny Officer for this committee would soon be leaving the council to work for North Yorkshire Police. The chair and committee members thanked David for his support and enthusiasm and wished him well in his new post.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.07 pm].