**Notice of a public meeting of**

**Health, Housing and Adult Social Care Scrutiny Committee**

**To:** Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Wann, Wilson and Steels-Walshaw

**Date:** Wednesday, 13 December 2023

**Time:** 5.30 pm

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

## AGENDA

**1. Declarations of Interest** (Pages 1 - 2)

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

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

[Please see attached sheet for further guidance for Members]

**2. Minutes** (Pages 3 - 12)

To approve and sign the minutes of the meetings held on 18 October and 13 November 2023.

**3. Public Participation**

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

**Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings**. The deadline for registering at this meeting is **5:00pm on Monday 11 December 2023.**

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

**Webcasting of Public Meetings**

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

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

**4. Oral Health** (Pages 13 – 42)

This paper provides the Committee with an update on work being undertaken on oral health in the city, including work in schools, and oral health promotion programmes. Since April 2023 dental commissioning and policy is the responsibility of the NHS via the Integrated Care Board; the paper from the ICB at Annex C outlines the dental commissioning and contracting arrangements locally.

**5. Breastfeeding and Infant Feeding** (Pages 43 - 50)

This report provides the Committee with an update on the work being undertaken as part of York's Breastfeeding and Infant

Feeding Delivery Plan.

**6. Smoking in Pregnancy** (Pages 51 - 58)
This report provides the Committee with an overview of the work being undertaken to reduce smoking during pregnancy in York.

**7. Work Plan** (Pages 59 - 60)
Members are asked to consider the Committee's work plan for the 2023/24 municipal year.

**8. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democratic Services Officer

James Parker
Contact Details:

- Telephone – (01904) 553659
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For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

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

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

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

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

☎ **(01904) 551550**

Agenda Item 1

**Agenda Item 1**

## Declarations of Interest – guidance for Members

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

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

(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

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

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| City of York Council | Committee Minutes |
|---|---|
| Meeting | Health, Housing and Adult Social Care Scrutiny Committee |
| Date | 18 October 2023 |
| Present | Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Wilson, Steels-Walshaw, Waller (Substitute) and Healey |
| Officers in Attendance | Michael Jones – Head of Housing Delivery and Asset Management<br>Patrick Looker – Head of Service Finance<br>Steve Tait – Finance Manager |

## 8. Declarations of Interest

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.

Cllr Vassie confirmed that he has a personal interest in relation to agenda item 4 2023/24 Finance and Performance Monitor 1, as his father was a recipient of support from Be Independent.

## 9. Minutes

The Committee noted that they had not yet received further information regarding children and adolescent's mental health services waiting times and that the chair would write to Managing Director (North Yorkshire, York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust about waiting times and KPI data to be shared with the Committee.

It was also confirmed that it had not been possible to provide the Committee with a report on winter provision for homeless people. This would instead remain on the Committees work plan for 13 November 2023.

Resolved:

i. That the minutes of the Health, Housing, and Adult Social Care Policy and Scrutiny Committee meeting held on 19 September 2023 be approved as a correct record and signed by the Chair.

## 10. Public Participation

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

## 11. 2023/24 Finance and Performance Monitor 1

Officers introduced the report and outlined the Council's current overall financial position with a forecast overspend for 2023/24 of £11.4m. They noted that action was required to address this level of overspend.

The Committee discussed recruitment and career progression in social care. It was noted that adult social care had received a restructure and plans would be expected to come forward to deliver change, it was also noted that the pandemic had impacted the ability to do this work sooner. Officers also confirmed that the Council had reduced its use of agency workers.

House building and maintenance was discussed. Members were informed that refurbishment work was expected to start in March at Glenn Lodge and would be expected to take 9 months. Members also enquired as to why there had been rise in the number of children in homeless households. Officers confirmed affordable housing in York was not meeting the demand for housing and issues such as no-fault evictions were causing issues. Officers outlined that temporary accommodation is provided by the Council at James House and when required Ordinance Lane or Crombie House, only after these accommodation options were not available would the Council consider bed and breakfast accommodation.

Members enquired about rental incomes and void properties. Officers noted that voids had been brought down to around 60 compared to the high of 120 from the previous year. The Committee suggested due to the importance of keeping on track with standard voids that it be added as a key performance indicator (KPI) to track. Members also confirmed that they would share with officers other areas they thought could be good performance indicators.

Resolved:

i. Noted the finance and performance information;
ii. Officers to provide further detail on the Learning Disabilities direct payments overspend;

iii. Committee members to provide officers with a list of any KPIs they felt should be monitored.

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

## 12. Work Plan

The Committee raised its disappointment that its request to consider an agenda item on homelessness be brought forward from the Committees November meeting had not been possible. Officers confirmed that the item would be available for the Committees 13 November 2023 meeting.

Resolved:

i. The officers provide the Committee with a written update on the Council's cold weather protocol;
ii. Noted the Committee work plan.

Reason: To provide the Committee with greater detail about support for homeless individuals in winter and to keep the Committee's work plan updated.

Councillor Myers Chair
[The meeting started at 5.30 pm and finished at 7.03 pm].

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| City of York Council | Committee Minutes |
|---|---|
| Meeting | Health, Housing and Adult Social Care Scrutiny Committee |
| Date | 13 November 2023 |
| Present | Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Wann, Wilson and Steels-Walshaw |
| In Attendance | Councillor Pavlovic – Executive Member for Housing, Planning, and safer Communities<br>Tony Thompson – Salvation Army<br>Charlie Malakey – Salvation Army |
| Officers in Attendance | Neil Ferris – Corporate Director of Place<br>Martin Kelly - Corporate Director of Children's and Education<br>Denis Southall - Head of Housing Management Services<br>Abid Mumtaz - Head of All Age Commissioning & Contracting<br>Caroline Billington - All Age Commissioning Manager<br>Philippa Gowland - Senior Solicitor and acting Court Business Partner |

## 13. Declarations of Interest (17:33)

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.

Councillor Steels-Walshaw declared a prejudicial interest in agenda item 3 *Update Report on Homelessness / Resettlement Services 2023 including winter provision, commissioning issues and strategy update* as she worked as the Service Manager for Changing Lives -York Drug and Alcohol Service as outlined in her register of interest and would therefore leave the meeting for the consideration of that item.

## 14. Public Participation (17:35)

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

Councillor Rowley informed the Committee that he shared an office with the Salvation Army and that he could not support ending the contract work with the Salvation Army due to the expertise they bring and raised concerns of future funding should government funding come to an end.

## 15. Update Report on Homelessness / Resettlement Services 2023 including winter provision, commissioning issues and strategy update (17:39)

The Committee were joined by Tony Thompson and Charlie Malakey from the Salvation Army.

Cllr Steels-Walshaw left the meeting for this item due to her conflict of interest which she declared in minute 13.

Officers introduced the report providing an update on the Council's homelessness and resettlement services. They noted that the high cost of housing in York was a significant factor in creating precarious housing situations, but that, the Council maintained a excellent service which was considered good practice. It was confirmed that the Council was seeking to move towards a housing first approach, as evidence showed that housing first was effective at reducing individuals need to return to homelessness services. Officers also noted that the Council continued to work with nationally recognised experts and organisations to support the Councils services and strategy.

The Committee raised concerns about the decision to allow the contract the Council had with the Salvation Army to elapse, as well as, the way in which this was communicated, and finally the decision to bring services in house using new grant funding. Officers confirmed that both the Council and the Salvation Army agreed that communication surrounding the elapsing of the contract was regrettable and that the Council would continue to have a positive relationship with the Salvation Army and supported its charitable work in the city. In relation to the contracted provision the Council had determined that it would provide the service which had previously been contracted, through its Navigators team and that this would provide a more holistic service linking partners and other Council services more seamlessly.

The Committee shared its concerns that the Council would lose the expertise that the Salvation Army had provided while contracted to perform street patrols. They also raised concerns that some homeless individuals will have built up a relationship with the Salvation Army and might not wish to communicate with Council officers. Officers confirmed that the Navigator team already worked with individuals who came to services from initial street patrols undertaken by the Salvation Army and also undertook street patrols.

Mr Thompson and Mr Malakey were asked by Members what the Salvation Army's charitable work within the city would now include to support the homeless, now that the contract they had from the Council had elapsed. They confirmed that they were looking into the viability of continuing their work including things such as drop in services. They confirmed that this work was under review due to the communication issues around the elapsing of the contract, meaning that the Salvation Army had not been planning for services post the contracts end. They informed Members that they did not believe service users had been consulted on changes to the services they and the Council provided and that this would have had a negative impact on homeless individuals.

Members enquired as to the work the Salvation Army does as a charity, including work at the natpad, additional street patrols, and drop ins. Officers confirmed that this work was not what the Council had been contracting the Salvation Army to undertake and would continue to support the Salvation Army's charitable work. Officers noted that the work the Salvation Army had been contracted to do was one small but important part of the Council's homelessness services and that this work would be delivered as part of the Council's services through the Navigators team. They confirmed that the Council provided a 24 hour comprehensive service.

The Executive Member for Housing, Planning and Safer Communities confirmed that the previous administration had granted a temporary extension to the Salvation Army's contract while the Council reviewed its strategies to support homeless individuals. He confirmed that as part of developing a rough sleepers strategy he was committed to working with partners to create a wrap around service that ends the need for rough sleeping. He noted that work would focus on preventing people becoming homeless and that as the housing first strategy developed there could be a role for a procured service.

Resolved:

i. That the chair and vice chair write to the chair of Audit and Governance Committee to request that they consider additional

to their committees work plan a review of how the Salvation Army contract elapsed;

ii. That the Committee requested that the draft rough sleepers strategy be brought to the Committee for consideration prior to being finalised;

iii. That the Committee requested that its Members be invited to attend the rough sleeping policy conference.

Reason: To ensure that Council services continue to support homeless individuals.

## 16. Re-Commissioning of the Reablement Service in York (19:36)

The Committee considered the report which current Reablement services and the commissioning approach for contract renewal. Officers confirmed that the Council was exploring a four year contract when going out to procurement, they noted that a four year contract would be attractive to providers.

The Committee enquired as to whether the Council had considered bring the service in house and highlighted challenges relating to training and staff retention in the private sector. Officers confirmed that bring services in house were considered and an option would be considered two years into the contract. They also confirmed that training would be a condition in the contract and that staff retention should be better with the longer contract.

Resolved:

i. Noted the report.

Reason: To ensure the Committee is aware of the Council Re-Commissioning of the Reablement Service in York

## 17. Work Plan (19:50)

Members considered the Committee work plan. Members discussed the possibility of adding an item to the work plan to discuss technology in reablement and about the ability have a report from TUEV on the diagnosis pathway KPI for autism strategy and to include neurodivergence.

Resolved:

i. That an item be added to the work plan to consider technology options in reablement;
ii. That the Committee request TUEV provide an update on diagnosis pathway KPI for autism strategy and to include neurodivergence.

Reason: To ensure the Committee maintains a programme of work.

Cllr Myers, Chair
[The meeting started at 5.33 pm and finished at 8.03 pm].

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|---|---|
| **Meeting:** | Health, Housing and Adult Social Care Scrutiny Committee |
| **Meeting date:** | 13 December 2023 |
| **Report of:** | Philippa Press |
| **Portfolio of:** | Health, Wellbeing and Adult Social Care |

# Scrutiny Report: Oral Health (Including work in schools, and oral health promotion programmes)

## Summary

Good Oral Health starts from the eruption of the first tooth and carries on throughout the life course. Tooth decay is the most common oral disease affecting children and young people and yet it is largely preventable. Whilst children's oral health has improved over the last 20 years, dental decay is the top cause of children's hospital admissions for 5- to 9-year-olds and the most common reason for this age group to experience a general anaesthetic.

Significant inequalities exist in oral health with those living in more deprived communities, parents with lower levels of education, living in poverty and those with disabilities experiencing poorer oral health than their more affluent counterparts. Good oral health contributes to school readiness and prevention of school absence.

Although dentistry is one of the four pillars of Primary Care, there is no national registration system in dentistry as there is in general practice. People should be able to access any dental practice that holds an NHS contract without geographical or boundary restrictions, however the reality is far from this, with a severe shortage of NHS dentists and long waiting lists.

## Policy Basis

Under the terms of the Health and Social Care Act (2012) upper tier and unitary authorities became responsible for improving the health,

including the oral health, of their population since 2013. Local Authorities have a statutory responsibility.

From 1 October 2015 commissioning responsibility for the Healthy Child Programme for zero to five-year-olds transferred from NHS England to local government. This included the commissioning of health visitors, who lead and support delivery of preventive programmes for infants and children, including providing advice on oral health and on breastfeeding reducing the risk of tooth decay.

Local authorities are also required to provide or commission oral health surveys and have responsibility for oral health promotion and the prevention of dental decay. Dental decay is the largest non-communicable disease and it largely preventable by:

- Cutting down on sugar consumed and how often you consume it
- Brushing teeth twice a day – last thing at night and at one other time during the day
- Choosing a fluoride toothpaste and increasing exposure to fluoride by not rinsing after brushing (Spit, don't rinse).
- By regularly visiting a dentist.

The City of York Council's Council Plan (2023-2027) sets strong and ambitious plan to increase opportunities for everyone living in York to live healthy and fulfilling lives. One of the key priorities is Health and Wellbeing which aims to reduce inequalities and achieve better outcomes by targeting areas of deprivation.

Since April 2023 dental commissioning and policy is the responsibility of the NHS via the Integrated Care Board. A separate paper to be tabled at this meeting, from the ICB, will outline the dental commissioning and contracting arrangements locally.

## Recommendation and Reasons

- To note the report.
- Work with the ICB and partners to increase the access to dental services where possible.
- Support work to prevent dental decay and improve the oral health of our population.

# Background

From April 2023 Integrated Care Boards (ICB's) took over commissioning for primary, secondary and community dental services. In York the ICB along with Rachael Maskell (MP for York Central) held an initial meeting in August 2023 to discuss the challenges and listen to colleagues working within dental services in York. Acknowledging the limits and the restrictive nature of the national dental contract, which is unlikely to change in the next few years, the meeting discussed access to dentistry in York comprehensively, including recruitment and retention, data and working collaboratively. A further meeting is planned for January 2024.

Community Dental Services, in York this is commissioned from Harrogate and District NHS Foundation Trust, by the ICB and provides dental care for adults and children with more specialist needs, e.g. those with learning disabilities, medical conditions, housebound or experiencing homelessness.

Through their Public Health Teams, local authorities also have a statutory responsibility to provide or commission oral health improvement programmes to improve the health of the local population, to the extent that they consider appropriate in their areas.

I. **Oral Health Promotion Service**. A three-year service funding via public health, commissioned from Harrogate and District NHS Hospitals Trust this service aims to reduce inequalities in oral health by targeting health promotion programmes.

   There are two main elements to this service:

   - Delivery of a supervised toothbrushing (STB) programme in targeted early years and primary schools settings. Those chosen to take part were based on data that included: number of funded 2-year-old places, those with high numbers of free school meals, and those in areas of known inequalities. In the first year (November 2022 to November 2023) 6 settings were chosen to take part plus the two special schools (Hob Moor Oaks and Applefields).
   - Workforce Development. Delivery of evidenced based oral health interventions that professionals and volunteers can use within their roles, including, Health and Social Care workers, to Health Child Service, school staff and early years staff. This includes those settings not included in the targeted STB programme.

II. **Best Start in life.** A universal offer to all children born in York at the 6-9 month visit by the Healthy Child Service. A toothbrushing kit is given which contains: a toothbrush, toothpaste, a doidy cup and oral health information. Doidy cups encourage drinking from cups rather than bottles. All Health Visitors are trained to offer appropriate oral health advice on toothbrushing, weaning, healthy foods and prevention of dental decay.

Promotion of breastfeeding is an important preventative intervention for oral health, to support this a breastfeeding coordinator for York has been appointed. Evidence based messages regarding the link between oral health and breastfeeding includes:

- Exclusive breastfeeding is recommended by the World Health Organisation and UNICEF for the first 6 months of life, with complementary foods introduced from around 6 months of age alongside continued breastfeeding.

- Evidence has shown that infants that are breastfed up to 12 months of age have a decreased risk of tooth decay.

- There is extensive evidence which shows that breastfeeding promotes health, prevents disease, and provides long-lasting protective factors for both mother and baby; however, breastfeeding is no longer the cultural norm.

III. **National Dental Epidemiology Programme for England.** The National Epidemiology survey for 5-year-olds takes place every other year and it is a standardised survey which takes place across England. The results result in robust, comparable data for use by national and local government to inform oral health needs assessments and the prevalence of decayed, missing and filled teeth within the population.

Unfortunately for the past few years, despite going out to tender this work, the Public Health Team have been unable to find a suitable provider to undertake this work. This is not only an issue faced by York Public Health Team, but similar issues have been faced both nationally and regionally. This is being addressed locally via the regional Dental Public Health Consultants who have established a working group, and a wide variety of options are being considered including the commissioning of the survey on a

wider, possibly regional, footprint. It is hoped that a solution maybe found in time to take part in the 2026 survey.

IV. **Healthy Schools.** Schools must now teach about dental health and the benefits of good oral hygiene as part of the statutory Relationships, Sex and Health Education (RSHE) requirements. The York Healthy Schools Award Programme, which is being funded by City of York Council Public Health, provides schools with a framework based on evidence of good practice to support them to implement effective health and wellbeing provision, which includes the statutory RSHE requirements. Oral Health Promotion training is promoted to schools across the city via the Healthy Schools PSHE Network and termly newsletters.

V. **Oral Health Advisory Group (OHAG).** The main purpose of the Oral Health Advisory group is to enable City of York Council (CYC) and North Yorkshire Council (NYC) to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities. The group meets quarterly and has a strong membership which includes NHSE, ICB, Local Dental Network and Local Dental Committee, Health watch and dental training providers.

The group supports and co-ordinates implementation of both national and local strategies and agreed work plans.

VI. **Flexible Commissioning referral protocol.** The Referral Protocol facilitates CYC Healthy Child Service and Children's Social Care Services to refer 0-19s (up to 25 with SEND and Care Leavers) who are not under the care of a regular dentist AND are in need of dental care (criteria applies) to a dentist who is registered as a flexible commissioning practice for regular dental care. This includes all children and young people cared for by the Local Authority and care leavers.

Whilst this has proved a very useful the number of flexible commissioning practices in York is very low and the demand outstrips the supply. Therefore, only the most vulnerable or the most in need may be referred.

Regionally and nationally work to increase the number of flexible commissioning practices is on-going with the Yorkshire and Humber Deanery and NHS England developing a regional protocol to roll out across the region and a working group has been established.

VII. **Dental Prevention Steering Group.** Established by the Humber and North Yorkshire Integrated Care System (HNY ICS) in September 2023 the groups' purpose is to enhance existing oral health initiatives – particularly supervised toothbrushing schemes to reduce/prevent tooth decay in children and young people via a targeted approach, focusing on those experiencing the greatest health inequalities. The group will also test and evaluate the flexible commissioning arrangements across the HNY footprint.

Concern has been expressed that this duplicates the work commissioned by Public Health Teams, including CYC, and the work of the Oral Health Promotion Service and may even increase inequalities as this service will be able to offer 'fluoride varnish' treatment and access to dental services, which local authority commissioned services cannot.

Initially work is being targeted at East Yorkshire and Hull, with CYC and NYC unlikely to see any activity within the current financial year. Public Health specialists will work with the HNY ICS to ensure that duplication is minimised and that this offer enhances the Oral Health Promotion Service offer currently commissioned by local authorities.

## Risks and Mitigations

Oral health promotion and prevention of dental decay is not substantially funded through the Public Health Grant but is funded via reserves. Reserves are at risk of being depleted due to the financial issues faced by local authorities.

## Wards Impacted

All wards are affected by poor oral health, but the most deprived wards are disproportionally affected, and this increases health inequalities across the city.

## Contact details.

For further information please contact the author of this Report.

## Author



| | |
|---|---|
| **Name:** | Philippa Press |
| **Job Title:** | Public Health Specialist |
| **Service Area:** | Public Health |
| **Telephone:** | 01904 555756 |
| **Report approved:** | Yes |
| **Date:** | 27.11.2023 |



**Annex A** – Abbreviations and glossary of terms

**Annex B** – Feedback from colleagues and consumers of oral health promotion services commissioned through Public Health.

**Annex C** – Humber and North Yorkshire Integrated Care System York Dentistry – Commissioning Overview

Other reports to note:

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

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

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Annex A.

| **Abbreviations and glossary of terms.** | | |
|---|---|---|
| | | |
| ICB | Integrated Care Board | An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area. |
| CYC | City of York Council | Local Councils, like CYC are the most common type of local authority and are made up of councillors who are elected by the public in local elections. They are responsible for a range of vital services for people and businesses in defined areas. Among them are well known functions such as social care, schools, housing and planning and waste collection, but also lesser-known ones such as licensing, business support, registrar services and Public Health. |
| HNY ICS | Humber and North Yorkshire Integrated Care System | Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. |
| NHS | National Health Service | Overseen by the Department of Health and Social Care, the NHS provides healthcare to all legal English residents and residents from other regions of the UK, with most services free at the point of use for most people. |
| NYC | North Yorkshire Council | See CYC |

| | | |
|---|---|---|
| RSHE | Relationship, sex and health education | Since September 2020, Relationships Education has been compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) for all pupils receiving secondary education. It provides pupils with the knowledge that will enable them to make informed decisions about their wellbeing. |
| SEND | (Children with) Special Educational Needs and Disabilities. | A child or young person who has special educational needs and disabilities which means they have a learning difficulty and/or a disability that requires special health and education support. |
| STB | Supervised tooth brushing | Supervised tooth brushing programmes focus on oral health advice and education given to teachers by trained professionals, together with the distribution of free toothpaste and brush packs for daily brushing in the classroom. They form part of the Office for Health Improvement and Disparities (OHID) recommendations for an effective strategy to prevent early childhood decay. |

# Annex B – consumer and colleague feedback

**Colleague feedback in response to the flexible commissioning access to dentistry.**

*"I have found the access to dentist via the flexible commissioning dentists scheme extremely good in regards to getting children in care without a dentist, seen and registered quickly. I have found the referral process simple and the dental staff I have dealt with to be very helpful. The concerned foster carers and Social Workers were very pleased with the promptness of dental appointments offered."*

*"The dental packs are very well received and generate useful conversations about oral health/dentist/dummy use.*
*I have referred several children into the flexible commissioning service, usually Aldwalk as is nearer for our families in Acomb – they have been very quick to contact the families and book them in."*

*"I've referred a child today for dentists and this was quite straightforward using the form. I called the dentist to make sure I was emailing it to the right place. I've referred before and the dentist has called the parents straight away."*

**Feedback for the Supervised toothbrushing scheme in schools:**

*"The training reignited staffs resolve to develop our existing provision".*

*"We are so excited to take part in the supervised toothbrushing training and start the project. Thank you so much for today, the children loved it."*

*"Thank you so much for your visit, the children really enjoyed it and can't wait to get started."*

**Feedback from Harrogate and District Foundation Trust who hold the contract for the oral Health Promotion Service in York and North Yorkshire.**

- *Staff reported that some parents have found brushing at home easier with their children because they are used to doing it at school and it has become less of a challenge.*
- *Teachers have reported that some children wouldn't brush at all at first but are growing in confidence and ability because the toothbrushing is incorporated as part of the daily routine.*

**Comment regarding issues with dentistry in York, from a member of the Healthy Child Service.**

*“Dental provision in York is terrible. We ask at most contacts and the majority of families now don’t have access to an NHS dentist. I find this professionally uncomfortable as we are raising awareness of need, eg in pregnancy, but we can’t help facilitate access. Flexible commissioning works but very few are eligible – those with decay/pain or on safeguarding plans.*

*We need more access to dental care for everyone and especially children, dental decay is a good indicator of neglect and this is being missed. It also feels very unfair that only those who can pay see a dentist – feels like it’s widening the gap for children not narrowing it. Also recent economic pressures on families mean the number who can’t afford to pay for dentist is increasing, we have a two tier system.”*

**Humber and North Yorkshire Integrated Care System**
**York Dentistry – Commissioning Overview**

## 1. Background

Humber and North Yorkshire Integrated Care System has been responsible for the commissioning and contracting of all NHS dental services across York since April 2023.

Dental services commissioned by the NHS include:

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

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

The NHS commissions a total of 495,074 Units of Dental Activity across 27 practices in Vale of York. Distribution of practices across York is good with practices focussed in areas of population density and includes more deprived areas. A list of the dental practices is included below.

| | |
|---|---|
| Oasis Dental Care Limited | Abbey Dental Care |
| Petrie Tucker & Partners Limited | Perfect Smile Clinic (UK) Limited |
| York Pioneer Business Park Partnership | Selby Dental Care Limited |
| Hemsley Smiles Limited | Hopkins & Poyner Dental Surgery |
| Clifton Moor Dental Centre | Finkle Hill Dental Care Limited |
| Market Lane Dental Care | The Dental Hub |
| Denbond Limited | Mr JE Martin, Wiggington Dental Practice |
| Alpha Dental Kirkbymoorside | Mr K Leeson, Woodthorpe Dental Centre |
| York Dental Limited | Restore 32 Dental Practice |
| Red Lea Dental Practice | Pickering Dental Practice |
| Lawrence Street Dental Practice Limited | Mr Jagdeep Matharu, Park Street Dental Practice |
| Clock House Dental Practice | Nunnery Lane Dental Practice |
| Clifton Dental Practice Limited | Lloyd Lane Limited t/a Kirkgate Dental Surgery |
| | Mr JS Gakhal |

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

The purpose of this report is to update members on the current key challenges facing dental services, provide an update on the outcome of an updated oral health needs assessment for the Yorkshire and the Humber population, outline the current dental access position for York and highlight the work taking place to strengthen future service provision.

2. **Key issues**

***Access/inequalities:*** NHS England inherited a range of contracts, from Primary Care Trusts, when it was established, nearly a decade ago and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care. From 1 April 2023, these arrangements have been delegated to HNY ICB.

***Primary care national contract:*** rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider and is a key factor to the challenge outlined above.

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

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

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

- NHS Services are 'free at the point of delivery' – however, dental services are not 'free' but are 'subsidised' with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment. The contribution is determined by the course of treatment. The national dental charges are set, on a three-band tariff, each year. Practices must display this information within their clinics.

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

- Practices accepting new patients for regular dental care - www.nhs.uk is the digital platform, which supports patients to navigate the healthcare system. As part of the dental contract reforms, launched in 2022, dental practices will be mandated to keep their profile pages up to date. The ICB does not keep records of practices who are accepting new patients nor does it hold data on waiting lists at individual practices.

***Impact of Covid-19 Pandemic:*** The COVID-19 pandemic led to several months of practice closures, followed by months of limited patient throughput due to heightened infection prevention and control requirements, significantly impacting on access to dental services. While the number of available appointments for regular and routine treatment is increasing, dental practices continue to balance the challenge of clearing backlogs with managing new patient demand, all at the same time facing significant workforce challenges which have been exacerbated by the pandemic.

3. **Understanding oral health needs across Yorkshire and Humber**

Given the current challenges, and the need to prioritise urgent dental care where it is most needed, further work has taken place to review and assess the oral health needs of the Yorkshire and Humber population. This report provides an update on the headline information from this recent work, including details of hospital dental extractions in children aged from 0-19 which is a predictor of decay in later life and can help to support future planning of dental services.

***Updated Oral Health Needs Assessment headline information***

An Oral Health Needs Assessment (Y&H) was completed in May 2022. The purpose of this work is to help understand the oral health inequalities across Yorkshire and Humber and the evidence base. This will inform the principles that will underpin strategy and work programme development, address inequalities and meet population need and demand.

Consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including:

- individuals and communities that are deprived and vulnerable children known to the social care system; and
- individuals with severe physical and/or learning disabilities, poor mental health, who are overweight or obese, older adults, prison leavers, homeless, Gypsy, Roma and Traveller Communities, asylum seekers, refugees and migrants.

Locality profiles have been developed which together with local knowledge will help to inform future dental commissioning decisions. Locality profiles assist in identifying the most deprived areas which are likely to experience greater oral health inequalities, yet have either no NHS dental services or would benefit from additional resource. The locality profiles will be useful to guide future commissioning of services with the recommendations from the 2022 Oral Health Needs Assessment has informed the NHS England Dental Strategy for Yorkshire and Humber, which has been passed onto the ICB. The Locality Profile for York is attached as Appendix 1.

***Hospital Dental Extractions***

Most children accessing secondary care will do so for dental extractions under general anaesthetic. Nationally, there has been a 58.4% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19-year-olds compared to 2020/21, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID19 outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand.

***What this means for dental service planning for the future***

The population of York, in common with the remainder of the Yorkshire and Humber region, has an increasing and ageing population. It is anticipated that there will be a 2% increase between 2020 and 2040 which will increase demand on dental services. In particular, the predicted increase in the

population of older adults (65+ years) by 28% and increase in the population of the 85+ age group between 2020 and 2040 by 65% will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates, and provision of domiciliary care for those who are housebound. The World Health Organisation recognises that good oral health is an essential part of active ageing.

***Translation Services***

To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. It is contractual requirement that dental practices and the Urgent Care providers have arrangements in place to support patients who access care and require translation services.

The recent Oral Health Needs Assessment (OHNA) has identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language barriers in accessing dental care. Migrants do not require proof of address or proof of immigration status to access NHS dental care, refer to https://www.gov.uk/guidance/dental-health-migrant-health-guide

4. **NHS dental services and current initiatives to strengthen access**

***National Dental System Reforms***

The outcome of the national 2022/23 dental contract system reform negotiations have been confirmed by NHS England and represents the first significant change to the contract since its introduction in 2006. These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. They include:

- NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more.
- Dental therapists will be able to provide additional NHS treatments, which will free up dentists' time for urgent and complex cases.
- Making services more accessible for people, dentists must update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.
- High-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible, subject to commissioner approval.
- The new reforms will ensure that dentists, will be able to recover dental services following the impact of the pandemic.

***Local initiatives in York to strengthen urgent access***

Additional funding has been made available to NHS Dental practices to support a range of initiatives with an aim to increasing capacity and improving access to dentistry.

Extra sessions have been commissioned - between November 2022 and March 2024 - to target those patients in greatest need of accessing available NHS Dental Care. Participating practices are offering NHS care to any patient:

- Requiring urgent dental care treatment presenting via NHS 111 direct booking, signposting and/or through local practice walk in, where an urgent course of treatment will be provided.
- Presenting with a dental complaint via NHS 111 signposting and/or through local practice walk in, where an examination and banded course of treatment will be provided.

In York, between November 2022 and September 2023, there were 5 practices delivering these urgent access sessions. This equated to a total of 201 sessions delivered. An extension to March 2024 has just been announced and we are awaiting responses from providers.

***Incentivising recruitment***

On both a national and local footprint, work is underway to identify solutions to the workforce recruitment and retention pressures in dental services which are impacting on practices' abilities to see patients.

Using the Oral Health Needs Assessment information, York was identified as one area for a targeted scheme, offering a one-off incentivised payment scheme to help with recruitment and retention of dentists. Local eligible practices were contacted, however, none took up the offer of this scheme.

Increasing and retaining our NHS workforce remains a priority for the ICB. A 'Dental Workforce Transformation Plan' is in place which sets out the ICB's commitment to develop the dental workforce and ensure strong clinical leadership through six identified areas for change and its associated action plan.

A key element linked to the delivery of the Dental Workforce Transformation Plan is the establishment of Centres for Dental Development across the ICB. These will be a new delivery centre, where patients can access dental services offered by a range of trainees and supervisors. These centres will operate as recognised centres of excellence which are able to provide mentorship and support to dentists across HNY at all stages of their careers. Although early plans aim to establish the first centre in Hull, the plan includes further rollout of these centres across the ICB.

***Dental Flexible Commissioning Programme***

The Flexible Commissioning Programme aims to improve access to dental care and to increase the delivery of evidence-based prevention in primary care, whilst supporting practices to deliver their contract commitments by utilising a professional skill mix.

An evaluation of the Yorkshire and Humber Flexible Commissioning Programme demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the full dental practice team. The evaluation has enabled further refinement of the programme to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently three established flexible commissioning practices in York taking part in the flexible commissioning programme. Practices may twist up to 10% of their contracted UDAs in order to provide dedicated patient focused care. One of the conditions is that the practice must have a dedicated Oral Health Champion who leads the practice in delivering the programme as well as liaising with agencies, care homes and school in preventative dental issues.

This current scheme is due to complete on 31 March 2024. The ICB is committed to continuing this work and a steering group, chaired by the Local Dental Network chair, is in place to review the programme and to establish a new service specification. These changes aim to open the programme up to more practices, enable further opportunities to 'twist' services and to reward positive results. Until the revised scheme is ready to launch, the ICB is committed to supporting the current flexible commissioning practices to continue under the current scheme.

***Waiting list validation schemes***

Dental practices do not currently have validated patient waiting lists, so the number of patients waiting to access regular NHS dental care is unknown. To address this, funding was made available to pilot a method and toolkit aimed at supporting practices to carry out a piece of work to validate their lists. The key purpose of this work was to support the planning and delivery of future commissioned service models to meet unmet need. The ICB is currently applying the learning from this pilot to revise the service specification and toolkit, and will reach out to eligible practices in the coming weeks to rollout out this waiting list validation scheme across HNY.

***Review of Community Dental Services***

Community Dental Services (CDS) provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by general dental practices. A service review of Yorkshire and Humber CDS commenced in February 2022, which set out key recommendations to inform discussions in relation to future service design, including commissioning intentions for paediatric GA services and other pathway approaches. The findings have informed discussions with CDS stakeholders as the ICB looks to invest in these contracted services for a further 18 months from October 2023.

Harrogate and District NHS Foundation Trust provide the Community Dental Services (CDS) across the City of York. The aim of the CDS is to improve the oral health and reduce the oral health inequalities of people in Yorkshire and the Humber who have a physical, sensory, intellectual, mental, medical, psychological and/or emotional or social impairment or disability, or more often a combination of these through providing high quality consultant-led paediatric and special care dentistry to children and adults; this will include children with more complex dental needs, and providing dental care to people from vulnerable groups whose needs may not be accommodated in NHS general dental services. The CDS provides a comprehensive range of dental care including anxiety and behaviour management (non-pharmacological), basic and advanced sedation, services under General Anaesthesia (GA) and care in domiciliary settings.

Services are currently provided from multiple sites around York including Monkgate Health Clinic, Cornlands Road Clinic and Tang Hall Clinic.

***Care Homes***

Many residents in care homes across Yorkshire and the Humber do not have access to regular dental care. However, for York, the majority of care homes are linked into a primary care service (543 Dental Care of Hull) who oversee their residents' dental care via a domiciliary service.

## 5. Conclusion

The ICB is aware that access to dental services is a priority for all stakeholders and officers are keen to work with contractors, local councillors and MPs to improve services for its residents. Please see Appendix 2 for information on our 23/24 year-end investment plan and Appendix 3 for an update following the August 2023 session with Rachael Maskell, MP.

**Paper prepared by**

Julie Warren, Director of Primary Care & Commissioning HNY ICB, September 2023

(updated by Debra Leadbetter, Primary Care Programme Lead, November 2023)

# Dental Locality Profile – York

## March 2023

### Overview

- City of York Council is a unitary authority in Humber & North Yorkshire ICB (population 211,012) which in common with the remainder of the region has an **increasing and ageing population**.[1]
- There is a relatively small ethnic minority population[1].
- 11.9% of York's population smoke and 61.4% of adults are classified as either overweight or obese. Alcohol related mortality in York in 2020 was 35.1/100,000 people.[2]
- There are common risk factors for tobacco, alcohol and sugar consumption with oral diseases.

### Positives

- Children's oral health continues to improve in York overall. Whilst there was a slight increase at the last dental survey in 2019, the average levels of dental decay are still below the national average for 5-year-olds in England[3,4].
- Distribution of practices across York is good with practices focussed in areas of population density and includes more deprived areas (see maps).
- Access rates for both adults and children in York are higher than the national rates.
- UDAs commissioned per capita in York is higher than H&NY ICB and about the same as YH
- High delivery of commissioned UDAs (96% in 2019/20).
- Primary care specialist orthodontic practices.
- Good local engagement with YH developments (transitional / flexible commissioning programme including referrals via social services).
- Local development of level 2 paediatric services in NHS dental practice (pilot imminent)
- Active local authority commissioned evidence informed prevention programmes focussed on children (including supervised toothbrushing, oral health packs and oral health training for healthcare professionals) and health trainers deliver smoking cessation.
- Newly commissioned practices have included innovation including oral health champions and sessional care for high needs patients to reduce oral health inequalities.
- Dental access through engagement with HEE/foundation dentists.



### Challenges

- **Poor oral health is largely preventable**. Oral disease developed in childhood has lifelong consequences. Access to timely prevention and care needs to adopt a **life course approach** and should include increasing access to fluorides, dietary control of sugars and reducing tobacco and alcohol use.
- There is no simple formula for **estimation of unmet need** in an area.
  Dental needs can be unmet due to a variety of reasons (waiting lists/volume commissioned, cost, physical access to premises, ability to travel, opening hours/ability to take time off work/caring responsibilities). Most patients would like a

relationship/registration with a named practice of the type that exists for general medical services and to access those services as they choose (either regularly or only occasionally or when they have an urgent need). GP practices have patient lists whilst dental practices are contracted to delivery activity. Dental practices are obliged only to deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

- **Expectations of retaining some or all dentition for life** will be resource intensive. Maintenance of a heavily restored dentitions is complex potentially requiring specialist skills and often compounded by medical complexity, polypharmacy and the ability to self-care as an individual ages.
- **Access to data** – the local authority has the commissioning responsibility for the epidemiology fieldwork but are currently unable to secure a provider. There will be no further updates to the data currently reported in the oral health needs assessment unless this situation is addressed as a priority. It is essential that epidemiological surveys continue to be commissioned to enable identification of oral health inequalities.
- Local engagement in York has highlighted locations of services that support vulnerable groups/those with increased risks of oral health inequalities such as children centres, schools (identified with increased oral health need), gypsy Roma traveller communities, refugees and asylum seekers, individuals using temporary accommodation and food banks.
- May be an increased demand on practices from individuals travelling into York from North Yorkshire for access to dental services.



**Current workstreams**

- Review of YH **Community Dental Services** which has led to focussed work on recovery of dental GA services, workforce development (including level 2) and development of dental sedation services.
- NHSE YH accreditation of **level 2 paediatric practitioners** from the 1st cohort of the 2yr training programme developed by HEE YH. 3rd training cohort currently being recruited. Level 2 paediatric pilot in a Wakefield dental practice working within a consultant led paediatric pathway is imminent.
- **Level 2 Special Care** Dentistry training programme has also been developed and the 1st cohort are being recruited.
- **Transformational commissioning** – review and further development / merging of flexible commissioning and access programmes focussed on need and addressing inequalities.
- **Waiting list validation** – seeking to understand how practices record and manage waiting lists.
- **Domiciliary care –** access to dental care for those patients who are for housebound and unable to access local dental practices.
- Development of Restorative Dental pathway at York Hospital Trust

**In the future we need to consider….**

- **Access to prevention** interventions for all ages (life course), including expansion of delivery of prevention focussed practices (transformational/flexible commissioning)

- Patient facing **communications** – NHS dentistry how and when to access, recall intervals based on need (NICE guidance)
- Development of pathways that meet the **needs of an ageing population** - not just domiciliary services. Integration of pathways with the wider system (eg. post diagnosis), development of the dental team (level 2 SCD etc), estate/physical access.
- **Investment** – focussed on need and addressing inequalities. The OHNA assessment and commissioning data leads to the identification of the following areas:

| | |
|---|---|
| ***Reallocation of resources to existing practices (within year / small numbers of UDAs)*** | |
| Wards with the highest level of deprivation in the first instance. | Clifton (IMD 4)<br>Guildhall (IMD 6)<br>Heworth (IMD 6) |
| ***Commissioning in a new location/recommissioning in an existing location/retaining an existing practice*** | |
| IMD 3 - no GDS services commissioned | Westfield |
| IMD 4-6 – GDS services commissioned | Clifton (IMD 4)<br>Guildhall (IMD 6)<br>Heworth (IMD 6) |

**Investment decisions should also consider:**

- Population distribution – see maps.
- Accessibility / transport links
- Contract delivery – poorer delivery may have underlying factors that investment may mitigate, for example opportunities for career/practice development/specialisation
- Contemporary intelligence from key local stakeholders

3

## Population and their oral health needs

| | York | H&NY ICB | Yorkshire & the Humber | England |
|---|---|---|---|---|
| **Population**[1] | 211,012 | | | |
| Predicted change in population (2020-2040) -All ages | 2% | 3% | 6% | |
| 0-19 years of age | -6% | -7% | -2% | |
| 20-64 years of age | -3% | -5% | 0% | |
| 65+ years of age | 28% | 36% | 33% | |
| 85+ years of age | 65% | 74% | 66% | |
| **Epidemiology** | | | | |
| ***5-year-olds (2019)***[3,4] | | | | |
| % with experience of decay | 18.9% | N/A | 28.7% | 23.4% |
| Mean number of teeth affected in those with decay (mean dmft (dmft>0)) | 3.1 | N/A | 3.8 | 3.4 |
| % with sepsis | 0.7% | N/A | 1.4% | 1% |
| ***Mildly dependant older (2016)***[5] | | | | |
| Edentulous (no teeth) | 32.8% | N/A | 32.4% | 27% |
| Of those with teeth - reporting pain in mouth | 12.5% | N/A | 9.7% | 9.5% |
| % evidence of infection/sepsis | 15.8% | N/A | 10.7% | 7.8% |
| **Oral cancer**[6] Standardised rate per 100,000 | | | | |
| Incidence - lip, oral cavity and pharynx (C00-C14) | 14.43 | N/A | 15.26 | 14.55 |
| Incidence - oral cavity (C00- C06) | 8.85 | N/A | 8.7 | 8.36 |
| Mortality - lip, oral cavity and pharynx (C00-C14) | 4.35 | N/A | 4.7 | 4.54 |
| Mortality - oral cavity (C00- C06) | 2.05 | N/A | 2.18 | 2.19 |
| | | | | |

**Red** - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

**Commissioned dental services**

| | York | H&NY ICB | YH | England |
|---|---|---|---|---|
| **Primary Care Services** | | | | |
| Numbers of GDS providers | 17 | 170 | 611 | |
| Wards in York with an NHS dental practice | 11 wards.<br>1 practice in IMD decile 4 | | | |
| Wards without an NHS dental practice in York | Westfield (IMD 3),Hull Road (IMD 8)Dringhouses and Woodthorpe (IMD 9), Copmanthorpe, Fulford and Hesslington, Heworth Without, Osbaldwick and Derwent, Rural West York, Strensall Wheldrake (IMD 10) | | | |
| UDAs commissioned (2019-20) | 334,149 | 2,321,928 | 8,665,024 | |
| UDAs delivered (2019-20) | 319,800 | 2,139,212 | 8,003,442 | |
| Total value of commissioned UDAs | £10,385,508.62 | £78,487,665.80 | £279,907,703.56 | |
| UDAs commissioned per capita | 1.58 | 1.44 | 1.6 | |
| **Specialist primary care services** | | | | |
| Orthodontic providers | 1 | 16 | 75 | |
| IMOS providers | 0 | 2 | 19 | |
| CDS providers | 1 (HDFT) | 3 | 9 | |
| **Dental Access**[7] | | | | |
| Adult *(% popⁿ in 24 months to 30th June '22)* | 38.1% | | 41.8% (NHS NEY) | 36.9% |
| Child *(% popⁿ in 12 months to 30th June '22)* | 56.2% | | 48.9% (NHS NEY) | 46.2% |
| **Oral Health Prevention** | | | | |
| **Fluoride varnish - (0-17yrs)**[8] *- FP17 forms (Nov 2021-Oct 2022* | 59.4% | 56% | 59.5% | 54.6% |
| **Innovation in primary care** | | | | |
| Flexible commissioning practices | 4 | 41 | 152 | |
| Practices in Access scheme | 0 | 10 | 55 | |
| Practices providing additional urgent access sessions (to end March 2023) | 2 | 25 | 106 | |
| Practice locations prioritised under 'Golden Hello' scheme (IMD 1) | 0 | 4 | 120 | |

**Red** - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

**Figure 1:** NHS GDS providers in York superimposed on deprivation (IMD, 2019) (darker = more deprived).

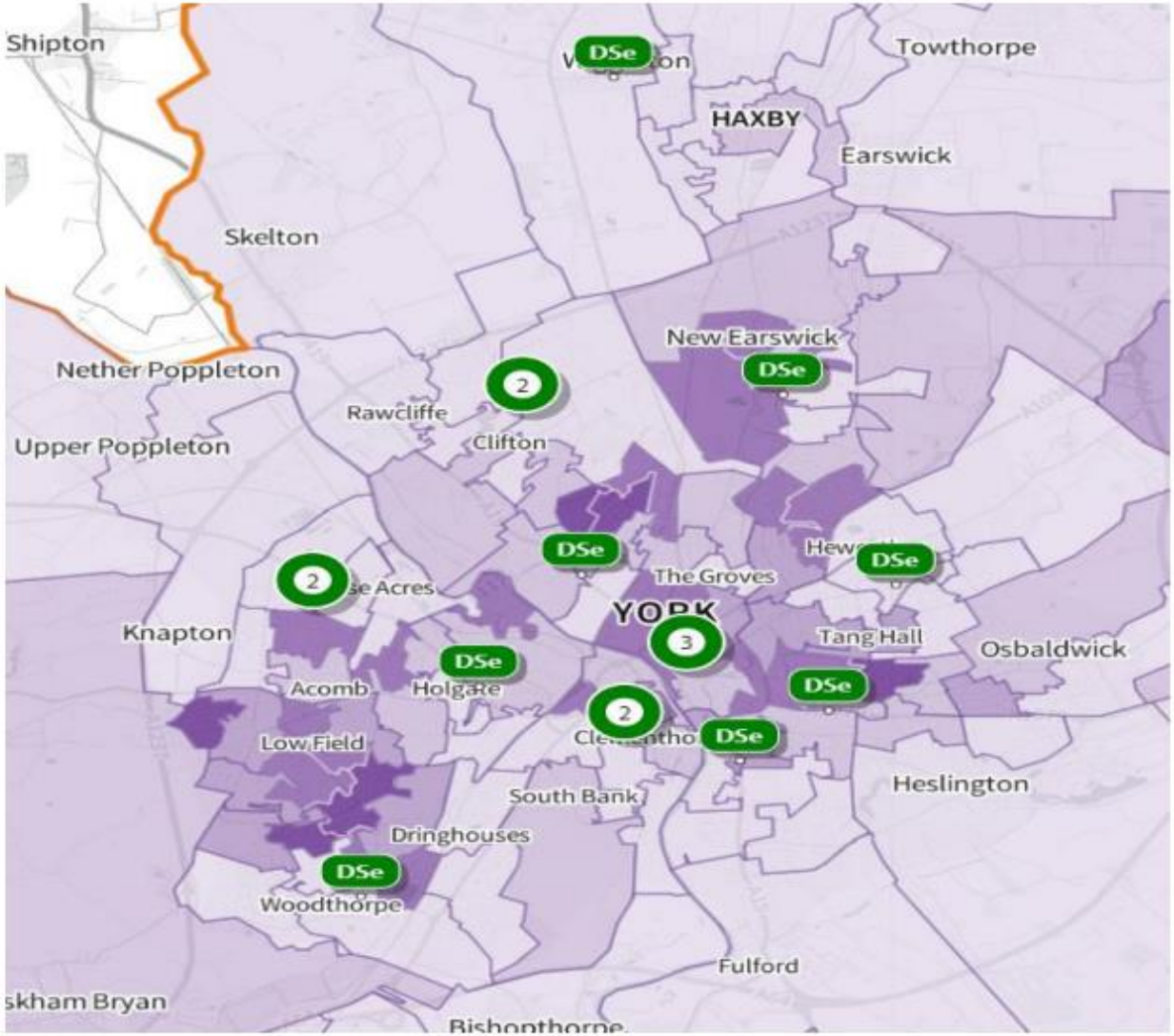
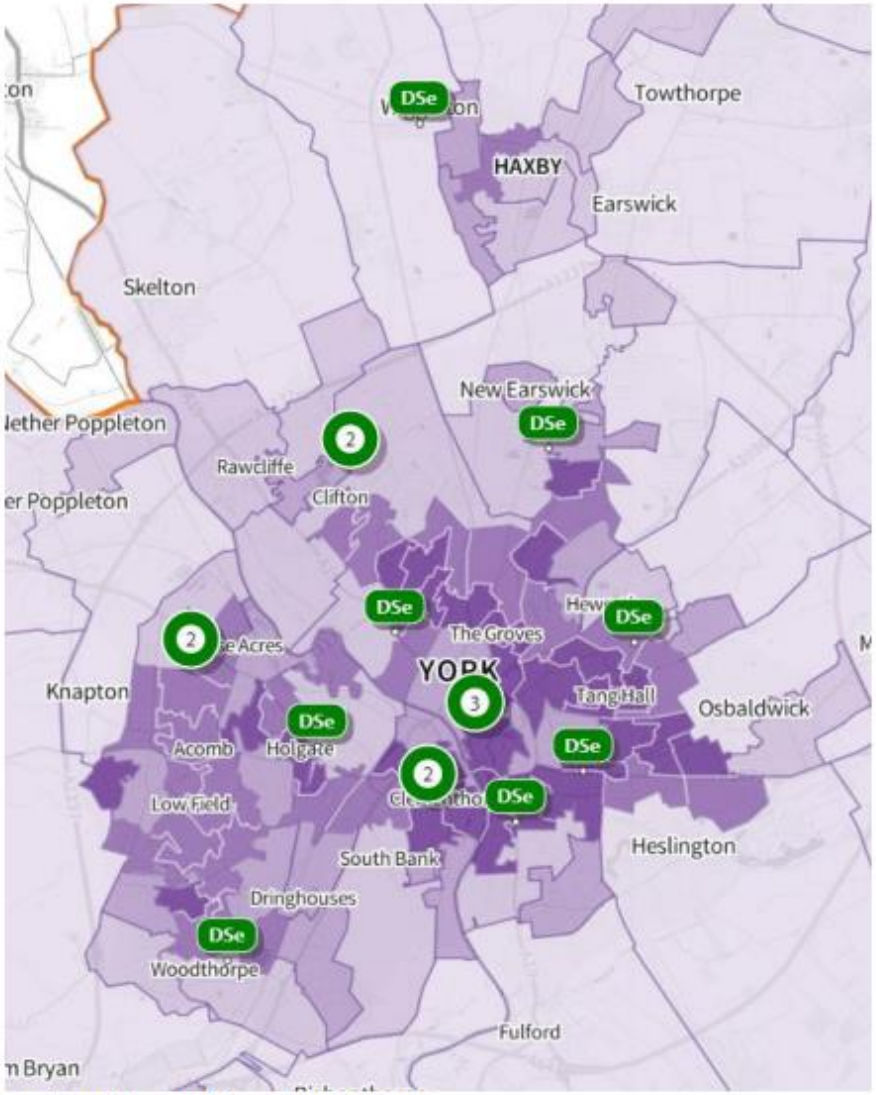


**Figure 2:** NHS GDS providers superimposed on population density (mid-2020) for York (darker = greater population density) with mapped (source NHSBSA)



**References**


1. Oral Health Needs Assessment, NHS England YH, May 2022
2. York *JSNA on a slide* accessed 16 March 2023. https://www.healthyork.org/
3. York oral health profile of 5-year-old children, PHE, revised April 2021. Public library - UKHSA national - Knowledge Hub (khub.net)
4. Oral health survey of 5-year-old children 2019. PHE, 2020 https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019
5. Oral health survey of mildly dependent older people 2016. PHE, 2019. https://www.gov.uk/government/publications/oral-health-survey-of-mildly-dependent-older-people-2016
6. Oral cancer in England Incidence, survival, and mortality rates of oral cancer in England from 2012 to 2016, PHE, 2020. https://www.gov.uk/government/publications/oral-cancer-in-england
7. Access data; Annex 2; Table 1 (e and f). NHS BSA https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-annual-report
8. Fluoride varnish data download. NHS BSA, November 2022.

**Appendix 2 – 23/24 Year End Dental Investment Plan**

| | |
|---|---|
| Community Dental Services | Invite providers to review the service and share business plans for investment and improvements aimed at managing new referrals and reducing waiting lists. |
| Flexible Commissioning | Work with partners to develop tools (e.g. data dashboards, revised service specification, prescribing remit) to revise the current programme. Work within national guidance to consider a 'twist' of up to 25% of the contracted service, whilst reviewing eligibility criteria for the scheme. |
| 110% over delivery payments | Contractors are already able to receive payment for 102% delivery of their UDA targets. From April 2023, can request payment for over delivery up to 110% with ICB approval. Incentivises providers to over deliver thus improving access. |
| Additional access sessions | Invite existing providers to include one further additional session per week between January to March 2024. |
| | Invite new, eligible providers to join the scheme. |
| Acute Mental Health facilities | Patients with acute mental health needs may be living in secure hospital settings as part of their treatment and recovery. These patients require access to urgent and routine dental care, provided close to their hospital setting. |
| Children | Expand sessional model to seek EOIs from providers for child-only sessions. Sessions would be in addition to usual UDA delivery thus improving access to NHS dentistry for children. |
| Waiting List Initiatives | Fund practices to review their new patient waiting lists and to then begin accepting new patients during the session. |
| Engagement with LDCs | Work with LDCs to host an annual local engagement event to share ICB priorities, share positive messages, build relationships and seek feedback on influencing commissioning priorities. Similarly work with LDCs to develop a programme of CPD or peer review to share best practice. |
| Orthodontics | Offer more activity to providers up to 12.5% in addition to their contracted activity during the final quarter 23/24. |
| Homeless / NFA / Transient populations pilot* | Expand the model to pilot in other areas of HNY where there is demand / interest. Expand the model to include other inclusion health groups based on local need (e.g. refugees). |
| Domiciliary Dental Providers | Patients who are living in care homes, are house-bound or unable to visit a dental practice require access to dental services. Consider expanding the scheme. |
| GP/PCN Links | Explore a pilot to enable GP practices to refer directly to participating dental practices. Linked to OHP in practice, working collaboratively with PCNs to promote oral health initiatives and to improve oral health through preventative programmes and education. |

**Appendix 3 – Update from Rachael Maskell session (August 2023)**

| | Action | Owner / Lead | Status | Update: October 2023 |
|---|---|---|---|---|
| 1 | Arrange a further meeting later in the year - possibly once national dental plan has been published (ICB) | Richard Sykes | in progress | Regional NHSE teams have confirmed that there are no plans to publish the dental recovery plan but elements of it will be released in time. This was due to no national funding identified to support the plans. Richard Sykes is reaching out Rachael's office to arrange a further meeting in February 2024. |
| 2 | Explore the option of an ICB Patient Group Directive to support the issuing of prescriptions and expanding the role of dental care practitioners, specifically to support the application of fluoride varnish re preventative approaches | Julie Warren / Jason Atkinson / Deb Leadbetter | in progress | There was a national consultation, which is now closed. National consultation proposed that dental hygienists and dental therapists would be able to supply / administer without the need for PGDs. This would require a legislative change and might not get a response before January. It is a priority for the ICB re the primary care prevention programme so a small working group is being established with ICB pharmacy leads to progress. Commissioning teams continue to prioritise this work and are actively looking for solutions through our links with the ICB's LDN chair and lead pharmacist. |
| 3 | Explore the feasibility of a Centre of Dental Development to assist with recruitment and training needs | Jason Atkinson / Rachel Baillie-Smith | in progress | Plans for creating a CDD were discussed and supported at the LDN meeting on 26th September and the first CDD Project Group meeting took place later that same day. A letter has gone out to invite Leeds Dental Institute and Hull York Medical School to join the Humber and North Yorkshire ICB in a formal commissioning partnership to design and deliver a pilot CDD at pace. Training partners are keen to support and a meeting is planned between stakeholders late Oct / early November to outline and shape plans. |
| 4 | Look at how better to share data across practices – includes workforce data | Deb Leadbetter | in progress | Commissioners continue to look at ways to share data and information. A new national workforce collection dataset was launched on 1 October 2023 for dental practices to complete twice per year, helping ICBs to better understand their dental workforce. Data will be shared, when available, with ICBs and further discussions on how best to share this information will form part of the primary care workforce agenda. |

| | | | | |
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| 5 | Look at how to make York/Humber and North Yorkshire more attractive to overseas recruitment | Rachel Baillie-Smith | in progress | Established a system-wide Ethical International Recruitment Committee through which we are sharing and developing HNY partners' expertise in overseas recruitment across all health and care professions. We explored interest in HNY roles among dentists in Kerala, India, during our May 2023 recruitment fair, and established that there is significant potential. At present routes for internationally trained dentists to take up UK posts are not clear; we have the support of DHSC in exploring this further. A key need is to enable supervision for international dentists to begin to practice here under temporary registration whilst they secure the second part of their Overseas Registration Exam (ORE); emerging Centres of Dental Development will be designed to support this and once we have a CDD in place we hope to move forward with international recruitment pathways. |
| 6 | Scope whether it will be possible to fund places for training packages (for overseas recruitment) | Jason Atkinson / Rachel Baillie-Smith | in progress | Funding to support international recruitment and related training will be considered as part of the CDDs project, although as above it is likely that international recruitment will run as a second step following on from local training arrangements. The support of DHSC with international recruitment will be important. |
| 7 | Review flexible commissioning | Jason Atkinson / Deb Leadbetter | in progress | A Flexible Commissioning Working Group has been established and terms of reference are drafted. The first meeting of the group will take place on 13th October and includes commissioners from across Yorkshire and Humber, led by Humber and North Yorkshire LDN chair. There is a draft workplan in place and early steps have been taken to gather data on the flexible commissioning services already in operation, including child only sessions. |
| 8 | Audit child only contracts and draw up options for future commissioning intentions | Debbie Pattinson | in progress | Data regarding child only contracts is being compiled and will be considered by ICBs alongside options for future commissioning plans, which will take into consideration national, regional and local policies and guidance. |

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| 9 | Consider commissioning plans for Level 2 sessions in practices | Jason Atkinson / Sally Eapen-Simon | in progress | Our Consultant in Dental Public Health led this accreditation for NHSE and would be happy to support this in Humber and North Yorkshire. The LDN chair is linked in with this work and has been identified as the lead. Colleagues in WY ICB are working to develop the Level 2 service model and will commission this for 12 months, with a full evaluation. We can learn from WY and look to do similar in Humber and North Yorkshire in those areas where need is identified. |
| 10 | ICB/LDC to help facilitate relationship building across practices and link in with PCNs, including development of ARRS roles | Deb Leadbetter / Helen Phillips | in progress | Mapping of PCNs and dental practices across York has been shared with providers in an aim to share information and link primary care services more effectively. Will continue to work with Place colleagues and identify opportunities for joint working, information sharing and pilot initiatives between dental practices and PCNs (e.g. PCN roles and dental professionals) to support access and preventative work. Initial discussions to pilot a model of integration, using PCN funding, within North Lincolnshire have taken place and plans to develop this further are underway, with a view to learning being shared across the ICB. |

**Health, Housing and Adult Social Care Scrutiny Committee** **13 December 2023**

Report of Peter Roderick Director of Public Health

## Breastfeeding and Infant Feeding

## Summary

1. The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. These early days are a critical time for development, but they are also a time when babies are at their most vulnerable.

2. There are multiple factors that contribute to giving every baby the best start in life and one crucial factor that can influence both a mother and baby's health post-pregnancy is good infant feeding practices, which provide optimum nutrition and build loving and secure attachments.

3. It is important to facilitate women's choices around feeding their babies. Personal choice should be respected, and objective advice and support should be offered to all parents and carers, irrespective of whether they are breastfeeding, expressing, using formula or a combination of approaches.

4. As with many aspects of public health, inequalities in maternal and infant outcomes exist, with poorer outcomes experienced by certain groups of women and their babies. We know that these risk factors can be reduced through promotion of breastfeeding initiation and support for breastfeeding duration.

5. The protection, promotion and support for breastfeeding are a vitally important public health priority as breastfeeding promotes health, prevents disease, and provides numerous benefits for both mother and baby. There is overwhelming evidence that breastfeeding saves lives and protects the health of babies and mothers both in the short and long term.

## Policy Basis

### National Policy

6. Findings from the 'National Maternity Review' were published in 'Better Births' in February 2016. The Maternity Transformation Programme was established to implement the actions set out in this policy, taking a multi-agency approach to delivering the national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025.

7. One of the schemes of work is 'Improving prevention', which takes a public health approach of preventing poor outcomes through actions to improve women's health – before, during and after pregnancy to ensure that families get off to the best start possible. Breastfeeding and infant feeding are a key element of this piece of work.

### Local Priorities

8. The Health and Wellbeing strategy sets out the vision for York's children to have the best possible start in life, which we know can be achieved through good infant feeding practices, especially breastfeeding. Focusing on nutrition and relationship building in the first 1001 days can also contribute significantly towards progress against the six big ambitions:

    - Becoming a health generating city
    - Make good health more equal across the city
    - Prevent now to avoid harm later
    - Start good health and wellbeing young
    - Work to make York a mentally health city
    - Build a collaborative health and care system

9. Evidence shows that breastfeeding can also play a key role in achieving the health goals of the strategy.

    - Mental wellbeing: Breastfeeding supports the mother-baby relationship and the mental health of both baby and mother;

    - Healthy weight: Breastfeeding protects children from a vast range of illnesses, including obesity, infection, diabetes, asthma and heart disease, as well as cot death (Sudden Infant Death Syndrome)

    - Healthy life expectancy: Breastfeeding protects mothers from breast and ovarian cancers and heart disease.

## Recommendations

10. The Committee is asked to:

    1) To note the work being undertaken in both areas.

Reason:

To support our ambition of protecting, promoting and supporting breastfeeding and safe infant feeding practices.

## Background

## Introduction

11. Good nutrition is essential for a baby's growth and development and responsive feeding (feeding your baby when they show signs of huger) creates a secure bond and attachment, which helps baby feel safe.

12. It is important to facilitate women's choices around feeding their babies and feeding preferences are made for a variety of reasons. Personal choice should be respected, and objective advice and support should be offered to all parents and carers, irrespective of whether they are breastfeeding, expressing, using formula or a combination of approaches.

13. Improving breastfeeding rates would have a profoundly positive impact on child health. For example, increasing the number of babies who are breastfed could cut the incidence of common childhood illnesses such as ear, chest and gut infections and estimates suggest it could save the NHS up to £50 million each year.

14. Breastfeeding rates in comparable European countries, with similar population sizes and demographics, show that it is possible to increase rates with a supportive breastfeeding culture and the political will to do so. This section should include enough information to set the subject matter of the report in context, enabling the reader to understand why the report has been brought to the meeting. It may include a summary of any previous Member decisions on the subject.

## Barriers to breastfeeding

15. Unicef and the World Health Organisation recommend exclusive breastfeeding for the first six months of an infant's life, with continued breastfeeding alongside the introduction of appropriate complementary

foods up to two years of age; however, breastfeeding is no longer seen as the norm.

16. Breastfeeding is viewed by many as difficult to achieve and largely unnecessary because formula milk is seen as a close second best. This is largely due to the strong commercial influences from formula milk companies, which use marketing strategies to promote formula milk as equal to breast milk.

17. Infant feeding is also a highly emotive subject because so many families have experienced the trauma of trying very hard to breastfeed and facing challenges which have led them to stop.

18. Research has shown that eight out of ten women stop breastfeeding before they want to. Factors for this include: a lack of support from family or professionals; belief that they have insufficient milk supplies to nourish their baby; or employers who have not got adequate provision to support women returning to work and expressing breast milk.

19. Local data for York shows this clearly. Breastfeeding rates at the time of delivery are 74% (on average) but this figure reduces considerably by 6-8 weeks, where on average only 44% of families are still breastfeeding their babies in York.

20. For breastfeeding to become the social norm, families need ongoing support from pregnancy through to the early weeks and months. A truly coordinated approach across all services and systems is required. This must also consider wider community initiatives, including welcoming breastfeeding in public places and educating children and adults about the value of breastfeeding.

**Tackling health inequalities**

21. Breastfeeding plays a crucial role in narrowing health inequalities between our least deprived and most deprived communities. It is well documented that residents in our most deprived wards are more likely to have worse health outcomes and higher rates of ward deprivation are associated with lower breastfeeding rates at 6 to 8 weeks (with only 29% of babies breastfed in the most deprived ward, compared to 61% in the least deprived).

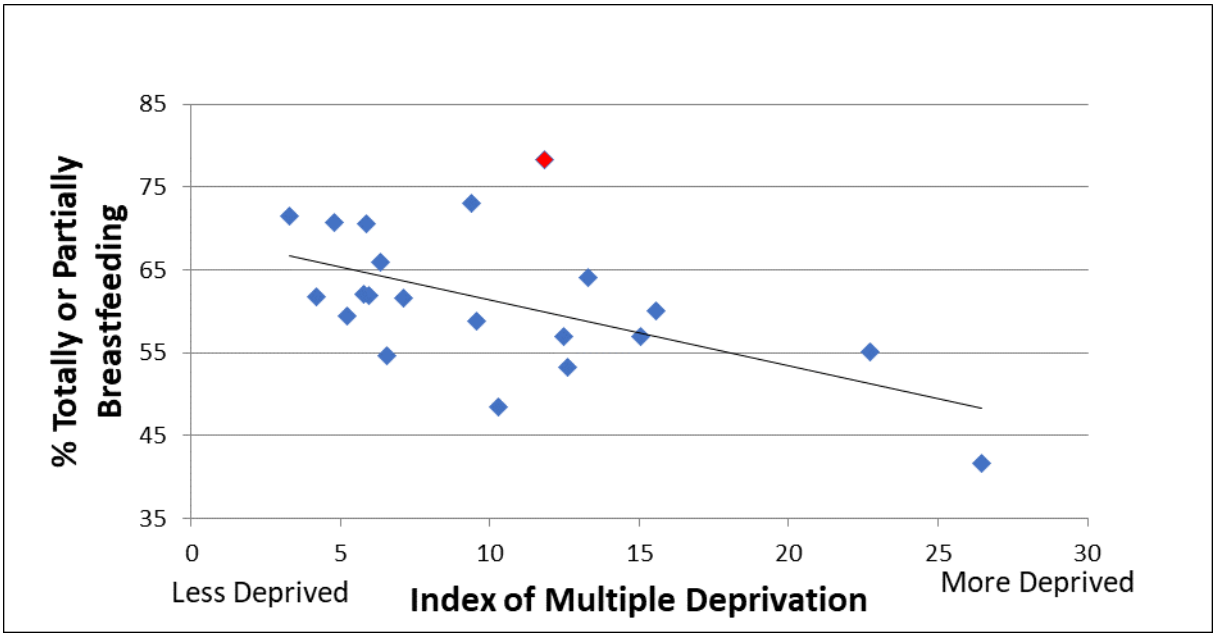


Figure 1 – Percentage of totally or partially breastfeeding rates at 6-8 weeks by ward v. deprivation (aggregated date: 2018-2022)

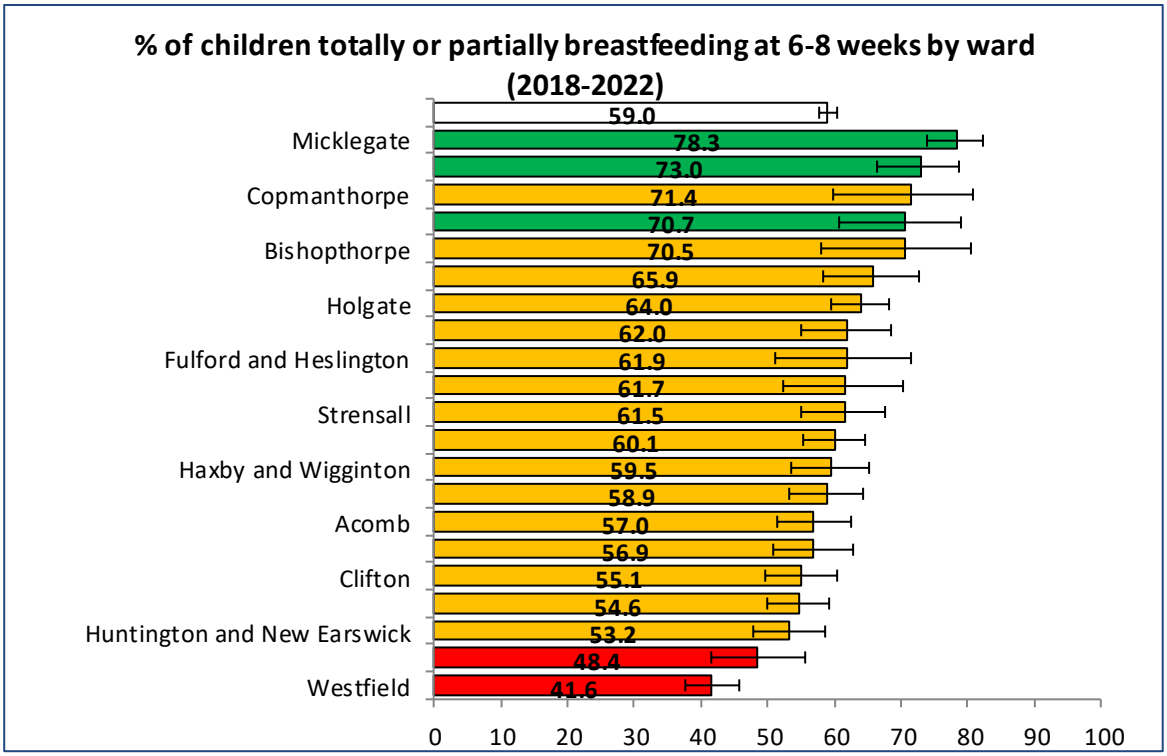


Figure 2 – Percentage of totally or partially breastfeeding rates at 6-8 weeks by ward (aggregated date: 2018-2022)

22. Moderate increases in breastfeeding would translate into improved health outcomes, significant cost savings for the NHS and tens of thousands fewer hospital admissions and GP consultations.

## Food insecurity

23. The current cost of living crisis has led to an increasing number of families experiencing financial hardship, with some unable to afford the rising cost of infant formula and/or appropriate foods for their infant. This is a huge risk to children's health given that where breastfeeding is not chosen or possible, infant formula before the age of six months is the only option parents have for feeding their infants, and is a key source of both calories and other essential micronutrients between six months and the age of one.

24. Attempts by parents to cut costs, for example by reducing feeding frequency, ignoring best before dates, or over-diluting powdered infant formula, pose significant health risks. Babies being fed with infant formula can therefore become increasingly vulnerable during times of financial hardship or food crisis.

## York's Breastfeeding and Infant Feeding Delivery Plan

25. Our vision is to support all families with infant feeding, however they choose to feed their baby.

26. The York Breastfeeding and Infant Feeding Partnership has developed a multi-agency strategy, led by Public Health, to start to remove the practical, emotional and cultural barriers to breastfeeding, reduce health inequalities, and create an enabling environment for all women who want to breastfeed.

27. The delivery plan sets out how we will protect, promote, support and normalise breastfeeding across York, improving our existing services and in turn supporting women to initiate breastfeeding and continue breastfeeding as well as targeting interventions in areas of low uptake.

28. The table below gives an overview of the actions we will take to deliver our vision.

| PROTECTING | PROMOTING | SUPPORTING | NORMALISING |
|---|---|---|---|
| ✓ International Code of Marketing of Breastmilk Substitutes<br>✓ Breastfeeding policies for staff and the public<br>✓ York Breastfeeding Welcome Scheme | ✓ Unicef Baby Friendly Initiative (BFI) accreditation<br>✓ Training<br>✓ Standardised and evidence-based resources across the city | ✓ Data collecting and reporting systems<br>✓ Seamless service care pathways<br>✓ Breastfeeding peer support services<br>✓ Healthy Start Scheme<br>✓ Infant Food Insecurity | ✓ Communications plan<br>✓ Education - early years & schools<br>✓ Breastfeeding Welcome environments |

Table 1: Overview of breastfeeding and infant feeding delivery plan

29. Work has already started on many of the delivery plan objectives, and a key project is the implementation of the Unicef Baby Friendly Initiative.

30. In February 2023, funding was obtained through the ICB Inequalities Fund to implement the UNICEF Baby Friendly Initiative (BFI) across Health Visiting and Children Centres. BFI is an evidence based, staged accreditation programme that will support CYC to improve breastfeeding and infant feeding by setting standards for sustainable improvement, providing training for professionals to give consistent information and personalised support to families; and gaining feedback from families about their experiences of care. This programme of work also helps families in building close parent-infant relationships and supports with good mental health for both parent and baby. We now join the 91% of other health visiting services that are working towards BFI accreditation across the UK.

31. A key aspect of improving breastfeeding rates is the provision of face-to-face, ongoing and predictable support to families across all public services, and social support in the local community. The Baby Friendly Initiative enables mothers to receive this help within healthcare services, delivering a holistic, child-rights based pathway for improving care.

**Consultation**

32. The Breastfeeding and Infant Feeding Partnership is a multi-agency group which has representation from key stakeholders, including families through the Maternity Voices Partnership. Further feedback from service users will be obtained as we progress through the BFI process and our newly appointed Infant Feeding Lead will be working out in the communities to understand what matters to families and how we can improve services and support.

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| **Report Approved** | √ | **Date** | 21/11/2023 |
|---|---|---|---|

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

**For further information please contact the author of the report**

**List of Abbreviations Used in this Report**

BFI = Baby Friendly Initiative

**Health, Housing and Adult Social Care Scrutiny Committee** **13 December 2023**

Report of the Director of Public Health

## Smoking in Pregnancy

## Summary


1. Smoking is the leading preventable cause of death and illness in York, with 8.7% of the York adult population currently smoking and 8.1% of pregnant women smoking at the time their baby is born.

2. Through the Public Health department, the Council has responsibility for the provision of smoking cessation services in York.

3. The York Tobacco Control Alliance, formed in 2019, brings together partners across the city whose mutual aims are to reduce the prevalence of tobacco use in York to below 5% of the adult population by 2025. In 2020, the City of York Tobacco Control Plan was launched, with strategic actions to support the ambition of reducing prevalence of tobacco use to below 5%.

4. This report summarises the work to reduce smoking during pregnancy in York.


## Recommendations

5. Members of Scrutiny are asked:

    a. to note this report and comment on progress to prevent uptake of cigarette smoking during pregnancy

    b. to make recommendations for partners e.g. GPs and York & Scarborough Teaching Hospitals Trust to increase efforts to identify and refer pregnant women to stop smoking services

**Background**

6. Smoking is not a lifestyle choice. Nicotine has been shown to be a more powerful and addictive a substance than heroin, and most tobacco users start the habit in their late teens before developing a lifelong use of tobacco.

7. Smoking during pregnancy can cause many increased risks to both mother and baby. Supporting women to stop smoking has an immediate impact on:

    a. Reducing the risk of complications in pregnancy and birth

    b. Reducing the risk of stillbirth

    c. Reducing the risk of premature birth, and associated breathing and feeding problems

    d. Reducing the risk of a baby born with a low birth weight

    e. Reducing the risk of sudden infant death syndrome (SIDS), also known as "cot death"

    f. Increasing the likelihood of a healthier pregnancy and a healthier baby

8. Smoking cessation support in York is delivered by the Health Trainer service, part of the council's Public Health team. This team of Health Trainers are trained to deliver two main functions; smoking cessation interventions; and a health trainer intervention covering stop smoking advice, alcohol awareness, weight management, physical activity and social isolation.

9. The Health Trainer service is responsible for providing support to residents that wish to stop smoking. This is provided in accordance with NICE Guidance and staff are trained to deliver the service as set out by the National Centre for Smoking Cessation and Training (NCSCT) at Level 2, as well as supply Nicotine Replacement Therapy (NRT) and e-cigarettes. The service is provided on a one to one basis, either using virtual appointments or in a range of face to face community locations across the city.

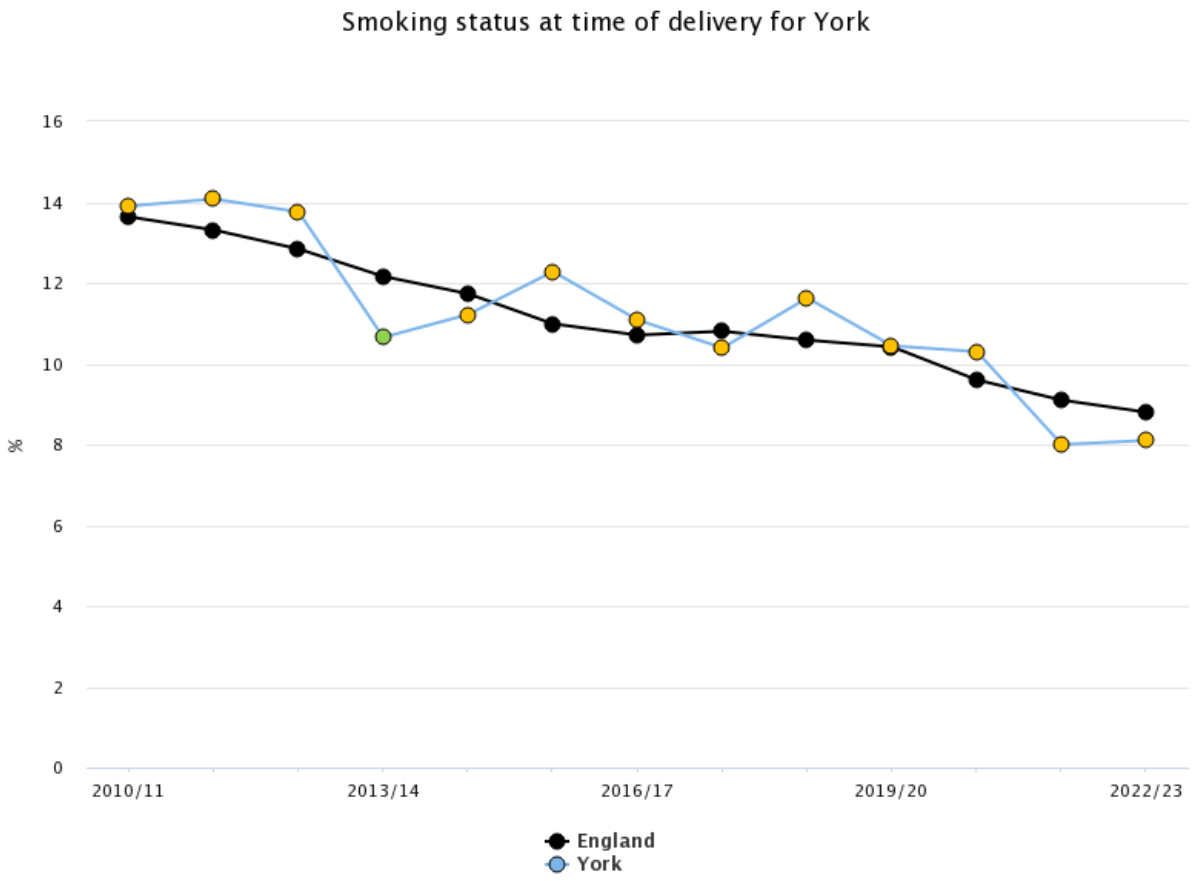
10. Best practice in smoking cessation is to provide 12 weeks of funded NRT/e-cigarettes, as is routine in neighbouring local authorities. Due to current public health funding pressures, the service provision in York is as follows:

a. Pregnant smokers and their significant other: 12 weeks of NRT / e-cigarettes and behavioural support from a Health Trainer. There is also a voucher incentive scheme to support pregnant smokers and their significant other, as the evidence is clear on the benefits to quitting for mother and baby.

b. Adult smokers: 4 weeks of funded NRT / e-cigarettes and support for up to 12 weeks whilst self-funding NRT, from a Health Trainer

c. Smokers aged 12-18: NRT can be provided to young people over the age of 12 as part of a family intervention

11. The current rate of smoking at time of delivery (an England wide data set, submitted by the NHS on the number of women smoking at the time their baby was born) in York is 8.1%, which equates to 119 people. This is below the England rate of 8.8% and the Yorkshire and Humber rate of 11.6%. The figure below shows the rate for York and England, over the last 12 years. Like England, York has followed a general downward trend in the number of women smoking at the time their baby is born, from a high of 14.1% in 2011/2012.



12. The data at York level paints a fairly positive picture, of a downward trend, in line with England averages. However, when looking at ward level there are large inequalities in rates of smoking at time of delivery. The rate varies from as high as 13.8% in Heworth and Guildhall, to as low 0% in Wheldrake and Bishopthorpe. The table below, shows the smoking at delivery rates for each ward in York, during the 22/23 year.

| % of women smoking at time of delivery - 22/23 | York 8.1% |
|---|---|
| Ward - Heworth | 13.8% |
| Ward - Guildhall | 13.8% |
| Ward - Westfield | 13.5% |
| Ward - Clifton | 11.3% |
| Ward - Hull Road | 11.1% |
| Ward - Holgate | 10.7% |
| Ward - Heworth Without | 9.1% |
| Ward - Dringhouses and Woodthorpe | 9.0% |
| Ward - Copmanthorpe | 8.3% |
| Ward - Fulford and Heslington | 6.9% |
| Ward - Fishergate | 6.8% |
| Ward - Osbaldwick and Derwent | 6.1% |
| Ward - Acomb | 5.6% |
| Ward - Strensall | 5.5% |
| Ward - Rawcliffe and Clifton Without | 4.5% |
| Ward - Huntington and New Earswick | 4.2% |
| Ward - Haxby and Wigginton | 3.9% |
| Ward - Micklegate | 3.4% |
| Ward - Rural West York | 2.0% |
| Ward - Wheldrake | 0.0% |
| Ward - Bishopthorpe | 0.0% |

13. Anyone who is identified as smoking, is offered an opt-out (i.e. automatic) referral to the Health Trainer service from their midwife. In the 2022/2023, 91 referrals were received by the Health Trainer service, with 41 going on to engage with the service (i.e. responding to attempts to book a first appointment with a health trainer), 25 setting a quit date and 18 successfully stopping smoking. The table below shows the numbers of women at each stage of the process:

| **Year 2022 - 2023** | |
|---|---|
| Number of women smoking at booking | 131 |
| Number of referrals received by the Health Trainer service | 91 |
| Number of women who engaged with Health Trainer service | 41 |
| Number of women who set a quit date | 25 |
| Number of women who successfully quit smoking | 18 |

14. As can be seen from the table above, there are various points at which women are lost from the pathway – 40 are never referred to the service (they may have chosen to opt out and declined the referral) and a further 50 who are referred never engage with the service (they may have said yes to their midwife to consent to the referral, but have had no intention of wanting to stop smoking, there may have been complication with their pregnancy, or they may have not found the service accessible).

15. Those who do engage with the service and set a quit date tend to go on and have successful quit attempts (18/25, 72%).

16. As an additional incentive for pregnant women, the health trainer service offers shopping vouchers for those who engage with the quit attempt, offering vouchers at 2 weeks, 4 weeks, 12 weeks and 3 months postnatal. At each time point, the women will provide a carbon monoxide reading to show that they are not smoking and then they will be issued with the voucher. In 2022/2023 13 of the 25 women setting a quit date

opted in to the incentive scheme, with 10 successfully continuing to be smoke free at the 3 months postnatal point.

17. The health trainer service is working closely with York and Scarborough NHS Trust maternity services to increase the number of women who are initially referred to the service. This is taking the form of refresher training for midwives on what the service is, how to refer and the incentive offer. Within the health trainer service, a follow up exercise is being undertaken with those who have not engaged with the service. It is hoped that through a better understand the barriers face by citizens, ways can be found to overcome these and increase the engagement rate with the service.

18. Nationally, the NHS Long Term Plan is investing in frontline services to tackle tobacco dependence for all inpatients, pregnant women and those in long-term mental health and learning disability services. These services will be in addition to, and delivered in conjunction with, local authority Stop Smoking Services. In York hospital, Tobacco Dependency Advisors (TDA's) have been recruited and are providing a service across the hospital site for inpatients and those attending maternity services within the hospital. However, women who are predominately being seen within the community (as most pregnancies are), are still being referred to the council's Health Trainer service.

19. Recently released NHS guidance (Saving babies lives: version 3, A care bundle for reducing perinatal mortality) directs midwifery teams to refer pregnant women to the in-house TDA service. However, in agreement with midwifery services at York and Scarborough NHS trust, the majority of women who are identified as smoking during pregnancy will continue to be referred to the Health Trainer service. At present the TDA service does not have the capacity to see women outside of the hospital setting, and it is felt that having a community based and/or virtual offer is beneficial for women. The trust are developing a plan to implement saving babies lives care bundle during 2024.

## Council Plan

20. Smoking cessation services are funded through the Public Health ring-fenced grant. Provision of a stop smoking service is not a mandatory part of the grant, however it is considered best practice to have an evidence based service available to support citizens to stop smoking. In 2022, 74% of local authorities commissioned or provided a stop smoking

service.

21. Locally, the provision of a stop smoking service aligns with the council plan core commitment of Health and the priority of A health generating city for children and adults. Reducing smoking prevalence for all population groups is also one of the 10 big goals outlined in the Joint Health and Wellbeing Strategy (2022-2032).

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| | **Report Approved** √ **Date** 21/11/23 |


**Wards Affected:** **All** X

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**Health, Housing and Adult Social Care Scrutiny Committee**

**Work Plan 2023/24**

| | |
|---|---|
| 30 January 2024, 5:30pm<br><br>Adult Social Care<br>Tbc | 1) ASC CQC assurance update<br>2) 2023/24 Q2 Finance and Performance report for Health and Adult Social Care |
| 27 March 2024, 5:30pm<br><br>Housing<br>tbc | 1) Housing delivery programme<br>2) Homelessness strategy?<br>3) Building Repairs<br>4) Asset Management<br>5) 2023/24 Work Plan |
| 23 April 2024, 5:30pm<br><br>Public Health<br>Tbc | 1) NHS health checks<br>2) Weight management pathway and obesity across York<br>3) Vaping |

- Tees, Esk & Wear Valleys CQC Inspection (date tbc)
- ASC Commissioning Strategy (date tbc)
- LD Provision – The Glen, Lowfields (date tbc)
- Adult Social Care Strategy (date tbc)
- Urgent care delivery review in York and the East Coast, to provide an update on the emerging integrated model and next steps (date tbc)
- Draft Rough Sleeper Strategy (date tbc)
- Reablement technology? (date tbc)