Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	24 January 2022
Present	Councillors Doughty (Chair), Hook (Vice-Chair), S Barnes, Heaton, K Taylor (left at 7:23pm), Vassie and Wann

In light of the changing circumstances around the Covid-19 pandemic, this meeting was held remotely. Scrutiny Committees are not decision making meetings. Therefore the outcomes recorded in these minutes are not subject to approval by the Chief Operating Officer under his emergency delegated powers.

14. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interest not included on the Register of Interests, or any prejudicial or discloseable pecuniary interests they may have in respect of the business on the agenda. No interests were declared.

15. Minutes

Resolved: That the minutes of the previous meeting held on 2 November 2021 be approved as a correct record and be signed by the Chair at a later date.

At this point in the meeting, the Chair requested an update on plans that had been put in place to structure how savings would be delivered, implemented and monitored to enable the budget setting process to be more robust. The Assistant Director of Public Health agreed to retrieve this information from relevant officers and email the information to Committee Members.

16. Public Participation

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

Ms Wu spoke on agenda item 4, Oral Health Promotion. She highlighted to the Committee her own personal experiences after moving to York 18 months ago. She explained how she had found it difficult to access information and found the system confusing, particularly when trying to locate and join an NHS dentist practice. She made reference to the many dental surgeries who did not accept new NHS clients. This meant that patients were left to use private services. She noted that the lack of an emergency NHS dental service in York, had resulted in residents having to travel to Harrogate for an emergency appointment.

17. Oral Health Promotion

Members considered a report that enabled a discussion on identifying improvements on the measures and services in place for the population of York on the prevention, treatment and maintenance of good oral health.

The Committee were joined by the following professionals:

- Nurse Consultant in Public Health
- Assistant Director of Public Health
- Specialist Practitioner Advanced in Public Health
- Dental Commissioning Lead, NHS England
- Dental Consultant, Public Health England
- Manager of Healthwatch York
- Chief Executive of the Ebor Multi-Academy Trust
- An Associate Dentist in York
- A member of the North Yorkshire Local Dental Committee and the British Dental Association General Dental Practice Committee

The Nurse Consultant gave a brief introduction. She highlighted how good oral health was achieved, in that it required a system wide partnership approach from a number of organisations. Through understanding the needs of the local population, and by working collectively with partners, work could be undertaken to focus on recovery and identification of where policies, strategies and initiatives were required to improve oral health, early intervention, access to dental provision and reduce inequalities. It was also noted that the Covid pandemic had exacerbated and heightened pressures on the system.

Each representative provided an update within their service areas.

The Specialist Practitioner Advanced in Public Health addressed the 5 key elements the Local Authority had responsibility for, as noted within the report:

1. Oral health promotion.
2. A biennial epidemiology survey.
3. Provision of leadership via an Oral Health Advisory Group (OHAG).
4. The production of a children and young people Oral Health Strategy – written with partners.
5. Supporting Flexible Commissioning in local dentists to reduce oral health inequalities.

The Dental Commissioning Lead addressed NHS England's response to the challenges, noting that:

- NHS England was responsible for the commissioning and contracting of all NHS dental services and that all primary and secondary care dentistry had been impacted by the pandemic.
- Throughout the pandemic practices were required to meet a set of limited conditions, which had been increasing per quarter. The requirement was currently set at a minimum of 85% of normal pre-Covid activity, feedback received showed that some practices were struggling to deliver that level of appointments due to staff absences.
- Given the challenges with access and providers working through their backlog, practices had been asked to prioritise seeing patients with the greatest clinical need, which would likely mean a delay for patients seeking non-urgent and more routine dental care, such as check-ups. A return to full capacity would be dependent on the further easing of Covid-19 control measures.
- All of the funding NHS England received for dentistry was committed to existing national contracts that were agreed in 2006, with no end date. To address the significant delivery concerns and to improve access and reduce inequalities, NHS England introduced a Flexible Commissioning model across Yorkshire and the Humber in 2019. A number of other work streams were also going to be a focus throughout Yorkshire and the Humber, including the development of, subject to procurement, both a new out of hours urgent care service and a community oral surgery service in York.

The Chief Executive of the Ebor Multi-Academy Trust spoke on behalf of all primary schools across York. She informed the Committee that staff had reported children up to the age of 8 having dental decay or teeth extracted and there were concerns about the use of dummies, particularly in the schools which served the most disadvantaged areas in York. Parents had reported their struggles to obtain an emergency appointment and despite their primary focus on education, this was a real area of concern for teachers.

A member of the North Yorkshire Local Dental Committee and the British Dental Association General Dental Practice Committee raised his concerns with the current dental contract. He informed the Committee that dental contract reform started in January 2009 and still no new dental contract had been negotiated. He explained how Government funding was allocated and used, noting that the current overall dental budget was £3.2billion. Members, were also informed that the overall dental budget had not increased since 2006. He clarified how the current system made it not financially viable for some NHS practices, and subsequently led to recruitment difficulties of attracting Dentists to work in the NHS sector. He stated that this was a national issue and that the contract needed to be reformed.

An Associate NHS Dentist based in York also raised his concerns and frustrations with the current dental contract. He informed Members that he had written a blog during the pandemic that addressed why practices were converting from the NHS and what action was required to improve access to NHS services. It was agreed that a link to the blog would be emailed to Members.

Further discussions took place regarding the difficulties and challenges some residents had faced, with examples being provided by some Members. The national contract, funding, Flexible Commissioning and poor oral health in children was also discussed and in answer to questions raised it was confirmed that:

- It was hard to influence the dental contract reform due to the national set model.
- If funding was sourced, the supervised tooth brushing service could be reinstated.

- Poor oral health in a child would not be a standalone safeguarding issue, it would form part of a collective safeguarding approach that impacted that child.
- The number one cause for children, aged 5 to 9, to be admitted to hospital was for extractions of teeth under general anaesthetic.
- A biennial epidemiology survey would take place in 2024 with colleagues from across Yorkshire and the Humber.
- Flexible Commissioning allowed Dental Nurses and Hygienists to deliver some non-complex treatments, other supplementary work and offer preventative advice, which provided Dentists with more time to focus on the clinically advanced treatments.
- Should an NHS dentist practice close, that contract funding would be distributed in the constituency from which it had been returned.
- A Dentist had to complete a Dental Foundation Training Programme to gain an NHS dentistry practice number. This usually took a year and there was an equivalent scheme for overseas Dentists.
- There had been no terminations or handback of contracts in York in the last 5 years. Dental practices determined their own patient list but most practices had a regular patient list that they used to recall people.
- If a patient was listed with an NHS dentist practice they had a right to ask for their dental records through a General Data Protection Regulation (GDPR) request.
- The North Yorkshire and Humber Dental Network supported commissioning conversations, serviced pathway reviews and encouraged communication between different providers across the dental pathway. The new Integrated Care System would be responsible for this from 2023.
- The number of children admitted to hospital for tooth extractions during the pandemic had risen nationally due to the backlog.

Members were disappointed by the statistics highlighted within the Healthwatch York report. They noted the report recommended a rapid and radical reform to the way dentistry was commissioned and provided. All present agreed that the 2006 dental contract was failing the public and patients and given the seriousness of the issue, it was agreed that an appropriate letter be sent to the Secretary of State to share residents' experiences in York, to highlight the concerns raised

by professionals and to give support to serious work on reforms and contracting. Attendees were asked to forward any comments for submission into the letter to the Democracy Officer and it was suggested that signatories of support could also be sought from other professionals including the Oral Health Partnership Group.

Members thanked everyone for attending the meeting and for their contributions.

Resolved:

i. That the content of the reports be noted.
ii. That the implementation of the Oral Health Strategy be supported.
iii. That the further development of 'Flexible Commissioning' opportunities across the city to reduce inequalities be supported.
iv. That the oral health campaign be noted.
v. That a letter be sent to the Secretary of State.

Reason: To ensure a system wide approach to local need for a robust oral health pathway which was accessible and equitable and timely manner for the population of York.

[An adjournment took place between 7:14pm and 7:25pm and Cllr K Taylor left the meeting during this time]

18. Childhood Obesity in York

Members considered a report that provided an overview of the situation regarding healthy weight in York, with a particular focus on children. It provided information on the national resources produced to tackle childhood obesity and highlighted experience from other countries.

The Assistant Director of Public Health and the Public Health Specialist Practitioner Advanced attended the meeting to provide an update and answer questions raised.

Members were informed that:

- Body mass index (BMI) was a widely used method to check for a healthy weight but was not used to diagnose

obesity. It was useful as a population measure to give an indication of prevalence of obesity.

- Following the 2019/20 survey, around 60% of the adult population in York were currently classified as overweight or obese and around 1 in 5 reception aged children (225 children) and around 1 in 3 Year 6 children (245 children) were classified as overweight.
- A recent analysis of childhood obesity found that prevalence of obesity was generally highest in the most deprived wards of Westfield, Clifton and Guildhall. Children from Black ethnic minority groups and boys in York were also found to have higher rates of obesity.
- Mothers who were overweight or obese had increased risk of complications during pregnancy and birth.
- It was a reasonable assumption to expect that rates of obesity would rise due to the pandemic and that this would be seen when the data was available.
- Excess weight gain occurs when energy intake (food eaten) regularly exceeds energy burnt although the inequalities seen in obesity were more complex. The environment people lived in had a huge impact on their ability to be able to make healthy food choices and the resources showed that those unhealthy food environments were more prevalent in the more deprived areas.
- Approximately only half of UK households had a food budget that could meet the costs of the government's healthy eating guidelines.
- No area in the UK had seen a sustained reduction in obesity rates in adults or children and people in more deprived areas reported lower levels of physical activity than average.
- Amsterdam was recognised as having had success of tackling childhood obesity. Studies looking into why Amsterdam were successful highlighted three key aspects of their programme, leadership, doing things differently and taking a multifaceted approach.
- A Healthy Weight, Healthy Lives Strategy was produced in 2018 and a Healthy Weight Steering Group was established. The Healthy Weight Steering Group oversaw the implementation of the strategy which also included; mental health, a tiered pathway for treatment of obesity and the implementation of a new programme called HENRY (health, exercise, nutrition for the really young).

The HENRY programme would support families with children aged five and below.
- The Council was developing their own Food Strategy, which would have strong links to the Financial Inclusion and had also signed up to the Healthy Weight Declaration in 2020.

Members noted that this was a complex issue that required a multi-agency collaborative approach and in answer to their questions, the Assistant Director confirmed that:

- Officers had not engaged with national supermarkets regarding healthy eating campaigns but had engaged with local food banks through the Food Strategy Network. They would also support schools to promote healthy eating and physical activity as part of the curriculum.
- There would be various pathways in place to support healthy eating in York and although the Healthy Weight Declaration had been impacted by Covid, it had been agreed that advertising space would not be used for products that were high in fat, salt and sugar. Regionally, with the support of Public Health England, officers would work with the charity Sustain to also promote this work.
- Through the Healthy Weight Declaration, there was a commitment to support responsible retailing and it was an aspiration to develop a Healthy Food Award Scheme for York.
- Greenwich Leisure Limited (GLL) were part of the Healthy Weight Steering Group and discussions would take place regarding the Physical Activity Strategy which would focus on sport opportunities in York.
- The HENRY programme was being tested and would initially be referred through professional referral routes to begin with.

Members thanked officers for their report.

Resolved:

(i) That the report be noted.
(ii) That a report be provided, later in the year, on the progress and impact of the HENRY programme.

Resolved: To keep Members updated on Public Health's responsibilities regarding obesity.

19. Work Plan

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

Following discussion it was noted that Healthwatch York were undertaking research on young people's mental health and were keen to liaise with the Council on this subject.

Resolved: That the work plan be noted and the Democracy Officer liaise with Healthwatch York regarding the joint commissioned meeting with Children, Education and Communities Policy and Scrutiny Committee on 28 February 2022.

Reason: To keep the work plan updated.

Cllr Doughty, Chair
[The meeting started at 5.32 pm and finished at 8.09 pm].

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