# SCRUTINY OF HEALTH COMMITTEE

## 18 December 2024

## Progress on Issues Raised by the Committee

## 1.0 PURPOSE OF REPORT

1.1 To advise Members of progress on issues which the committee has raised at previous meetings.

## 2.0 BACKGROUND

- 2.1 This report will be submitted to the committee as required, listing the committee's previous resolutions and/or when it requested further information to be submitted to future meetings. The table below provides a list of issues which were identified at previous committee meetings and which have not yet been resolved. The table also indicates where the issues are regarded as completed and will therefore not be carried forward to this agenda item at the next committee meeting.
- 2.2 The committee is asked to consider whether any further follow-up is required.

	Date	Minute number and subject (if applicable)	Committee resolution or issue raised	Comment / date required	Complete at publication?
1	14 June 2024	6 – Director of Public Health Annual Report 2022/23	Info requested on fluoride varnish.	When available	See Appendix A.
2	13 September 2024	17 – ICB Annual Report	<ul> <li>a) Further data requested regarding the breakdown of telephone versus in-person GP appointments.</li> </ul>	9 December 2024	See Appendix A.
			<ul> <li>b) Further data requested regarding proportion of responsive versus preventative GP appointments.</li> </ul>		Data is not easily retrievable in this format due to the way appointments ae recorded.
			<ul> <li>c) Info requested on investment plans for clawback funds in relation to dental commissioning.</li> </ul>		See Appendix A.

#### 3.0 FINANCIAL IMPLICATIONS

3.1 There are no significant financial implications arising from this report.

#### 4.0 LEGAL IMPLICATIONS

4.1 There are no significant legal implications arising from this report.

#### 5.0 EQUALITIES IMPLICATIONS

5.1 There are no significant equalities implications arising from this report.

#### 6.0 CLIMATE CHANGE IMPLICATIONS

6.1 There are no significant climate change implications arising from this report.

### 7.0 **RECOMMENDATIONS**

7.1 It is recommended that the committee:

(a) notes the report;

(b) considers whether any of the points highlighted in this report require further follow-up.

#### **APPENDICES:**

Appendix A: Updates on issues raised by the committee with NHS Humber and North Yorkshire ICB.

#### **BACKGROUND DOCUMENTS:**

None.

Barry Khan Assistant Chief Executive, Legal and Democratic Services County Hall Northallerton 9 December 2024

Report Author: Diane Parsons, Principal Scrutiny Officer.

# Updates on issues raised by the committee from Humber and North Yorks ICB

Item No.	Query raised	Information obtained
1	Information sought regarding the use/application of fluoride varnish, as part of broader discussions on community water fluoridation.	The delivery of fluoride varnish (a prescription-only medication), is based on the guidance and evidence base held within the guidance document "Delivering Better Oral Health" - see <u>https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence- based-toolkit-for-prevention</u> . All pathways for application of topical fluoride varnish are aligned to this guidance document.
		The General Dental Services regulations currently provide for fluoride application, via delivery from a dentist and recently confirmed through a therapist/hygienist directly. The use of other oral professionals to provide this intervention is through Patient Specific Directions (through training).
		The Humber and North Yorkshire ICB have two programmes that provide for delivered fluoride applications, through a schools-based flexibly-commissioned 'supervised toothbrushing and access programme' and through a flexibly-commissioned in practice prevention programme, delivered by dental nurses who have completed oral health champion training. In addition, there are smaller pilots linked to care/nursing home applications of fluoride.
2	a) Proportion of in-person versus telephone-based GP appointments provided by the Humber and North Yorkshire ICB in 2023/24.	The ICB report highlighted that 11.2m GP appointments had been provided in the HNY ICB area in 2023/24. 76% of those appointments were face to face and 24% were virtual. The number of face to face has increased slightly in 2024/25 and is currently running at 77% (as at end November).
	b) Information on further investment opportunities for 'clawback' funding re dental commissioning.	The ICB has confirmed that they are continuing to invest the dental budget, including clawback, into dental services in Humber and North Yorkshire this financial year in a similar way to that which is described in the 2023/24 annual report on dental commissioning in Yorkshire and the Humber which was circulated to the committee prior to the September 2024 meeting. In terms of North Yorkshire, this was outlined as follows:
		"funding has been utilised to secure additional urgent access sessions. This scheme provides practices with additional funding to make available weekly "sessions" (approximately seven appointments) to treat patients with an urgent dental need. This

recognises that while access to general dental services remains a challenge, patients are more likely to develop an urgent need. There are approximately 90 practices engaged across all three [ICB] areas, providing access to urgent care. InHumber and North Yorkshire, where Boards have supported higher clawback assumptions, additional funding has been provided to targeted service areas.
"in Humber and North Yorkshire, alongside a focus on the application of fluoride varnisha scheme is in development to provide dental care for those in acute mental health settings. [HNY ICB and West Yorkshire ICB have]also supported practices to deliver up to 110% of their contracted activity levels, to offset under-delivery elsewhere. In addition, both areas have invested additional funding to help reduce waiting lists for dental services, including orthodontic treatment."