

Kirklees Council



Council Chamber - Town Hall, Huddersfield

Tuesday 9 January 2024

Dear Member

The Council will meet on Wednesday 17 January 2024 at 5.30 pm at Council Chamber - Town Hall, Huddersfield.

This meeting will be webcast live and will be available to view via the Council's website.

The following matters will be debated:

Pages

1: Announcements by the Mayor and Chief Executive

To receive any announcements from the Mayor and Chief Executive.

2: Apologies for absence

Group Business Managers to submit any apologies for absence.

3: Minutes of Previous Meeting

To approve the Minutes of the Meeting of Council held on 13 December 2023.

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4: Declaration of Interests

Councillors will be asked to advise if there are any items on the Agenda in which they have a disclosable pecuniary interest, or any other interests, which may prevent them from participating in the discussion or vote on any of the items.

5: Petitions (From Members of the Council)

To receive any Petitions from Members of the Council in accordance with Council Procedure Rule 9.

6: Deputations & Petitions (From Members of the Public)

Council will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

7: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

- 8: West Yorkshire Combined Authority - Minutes** 9 - 22
- To receive the Minutes of the Meetings of West Yorkshire Combined Authority held on 7 September and 28 September 2023.
-
- 9: Half yearly monitoring Report on Treasury Management Activities 2022-2023 (Reference from Cabinet)** 23 - 50
- To receive the report.
- Contact: James Anderson, Head of Accountancy
-
- 10: Appointment of Chair - District Wide Planning Sub Committee** 51 - 54
- To consider the report.
- Contact: Leigh Webb, Acting Governance Manager
-
- 11: Written Questions to the Leader, Cabinet Members, Chairs of Committees and Nominated Spokespersons**
- To receive written questions to the Leader, Cabinet Members, Chairs of Committees and Nominated Spokespersons in accordance with Council Procedure Rule 12.
- A scheduled of written questions will be tabled at the meeting.
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- 12: Minutes of Cabinet** 55 - 68
- To receive the Minutes of Cabinet held on 14 November 2023 and 12 December 2023.
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- 13: Holding the Executive to Account**
- (a) To receive a portfolio update from the Cabinet Member for Children's Services (Councillor Kendrick)
 - (b) To receive oral questions/comments to Cabinet Members on their portfolios and relevant Cabinet Minutes;

- The Leader of the Council (Councillor Scott)
 - The Deputy Leader of the Council/Corporate Portfolio (Councillor P Davies)
 - Children's Services Portfolio (Councillor Kendrick)
 - Communities Portfolio (Councillor Pervaiz)
 - Culture and Greener Kirklees Portfolio (Councillor Butt)
 - Finance and Regeneration Portfolio (Councillor Turner)
 - Health and Social Care Portfolio (Councillor Ramsay)
 - Housing and Highways Portfolio (Councillor Crook)
 - Learning and Aspiration and Portfolio (Councillor Reynolds)
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14: Oral Questions to Committees/Sub Committees/Panel Chairs and Nominated Spokespersons of Joint Committees/External Bodies

To receive oral questions in accordance with Council Procedure Rule 13(4):

- Appeals Panel (Councillor H Zaman)
- Corporate Governance and Audit Committee (Councillor Homewood)
- Corporate Parenting Board (Councillor Kendrick)
- Health and Wellbeing Board (Councillor Ramsay)
- Licensing and Safety Committee - including Licensing and Regulatory Panel (Councillor A U Pinnock)
- Overview and Scrutiny Management Committee (Councillor Smaje)
- Personnel Committee (Councillor Scott)
- Planning Sub Committee - Heavy Woollen Area (Councillor E Firth)
- Planning Sub Committee - Huddersfield Area (Councillor Ullah)
- Scrutiny Panel – Childrens (Councillor Cooper)
- Scrutiny Panel – Environment and Climate Change (Councillor J D Lawson)
- Scrutiny Panel – Growth and Regeneration (Councillor Pandor)
- Scrutiny Panel – Health and Adult Social Care (Councillor Armer)
- Standards Committee (Councillor McCarthy)
- Strategic Planning Committee (Councillor S Hall)
- Kirklees Active Leisure (Councillor Sokhal)
- West Yorkshire Combined Authority (Councillor Scott)
- West Yorkshire Combined Authority Transport Committee (Councillor Anwar)
- West Yorkshire Fire and Rescue Authority (Councillor O'Donovan)
- West Yorkshire Joint Services Committee (Councillor H Zaman)

15: Motion submitted in accordance with Council Procedure Rule 14 as to the Ending of the Practice of using Council Street Furniture for the Displaying of Election Posters

To consider the following Motion in the names of Councillors Taylor and D Hall;

“This Council notes that:

The ‘Election Campaign Material Policy’ (last updated 24 January 2023) currently allows for small posters to be placed on the authority’s lamp posts.

The use of election posters on street furniture is mixed across Kirklees and political parties and there is no discernible correlation between those areas where posters are used and increased engagement or turnout. The policy distracts both Police and Council resources in needing to police it and where posters are used it can leave a place looking very untidy, especially when posters become defaced, damaged or start to peel. There are also issues about fairness in that posters cannot be installed in areas where streetlights are hosted in other ways, such as on telegraph poles, which means some more rural parts of the borough do not have the same level of Council support.

Their use is often hotly objected to by residents, especially where the poster is from a candidate the resident does not support, generating further work for Council Officers. Whilst there was a place for this type of advertising in the past, the current proliferation of media which are open to candidates to communicate their message to the electorate means that this is no longer the effective medium it may have been.

Furthermore, the Council does an excellent job in letting the public know when there is an election, and does so through a wide variety of media, as does the press, social media and political parties.

Removing the ability to erect posters on Council owned assets allows the following benefits:

- Reduces workload for Council staff and Police.
- Reduces the use of single use plastic (cable ties), which are often left to pollute the environment or remain around the lamppost.
- Frees up time for candidates and activists to engage with the public directly.
- Removes the health & safety issues and road safety issues associated with the erection and removal of posters.

- Frees up election expenses to be used to communicate directly with the electorate.

This Council therefore resolves to update the 'Election Campaign Material Policy' to remove the ability for parties to use Council street furniture for the displaying of election posters."

16: Motion submitted in accordance with Council Procedure Rule 14 as to a Permanent Ceasefire in Gaza

To consider the following Motion in the names of Councillors Cooper, Allison and Lee-Richards;

"This Council notes that;

1. East Jerusalem, the West Bank, the Golan Heights and Gaza are illegally occupied by Israel; and that Gaza has been subject to 16 years of blockade.
2. The Israeli government has been withholding essential resources from Gaza and bombing civilian targets, such as schools, hospitals, and media organisations all of which constitute war crimes.
3. Under Article II of the Convention on the Prevention and Punishment of the Crime of Genocide, genocide is defined as certain acts "committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group" and that, under Article I, the UK has confirmed that genocide is a crime under international law which it undertakes to prevent and to punish.
4. The UK, at the UN Security Council on 18 October 2023, refused to vote for "humanitarian pauses" to deliver lifesaving aid to millions in Gaza.
5. Deep concern is expressed about the conflict in Gaza by thousands of people in Kirklees.
6. The impact of conflict on displacing people from their homes makes them asylum seekers and refugees who then understandably flee to safer countries like the UK.
7. Hamas attacks took place on October 7th, when hundreds of innocent Israeli civilians and soldiers were killed and taken hostage.

This Council believes that;

1. All atrocities committed against civilians by Hamas or the Israeli Defence Force must be condemned and investigated.
2. All forms of racism, including anti-Palestinian racism, antisemitism and Islamophobia have no place in Kirklees and condemns any attacks on Palestinian, Jewish or Muslim people.
3. All political leaders have a responsibility to try to prevent

genocide, such as the annihilation of the civilian population of Gaza

4. That Hamas should release all hostages.
5. The state of Israel is enacting a system recognised as apartheid by Human Rights Watch, Amnesty International, B'tselem and the South African Government.
6. The only way to secure peace between Israelis and Palestinians is for a just political settlement based on the end of the occupation of Palestinian territories and an end to discriminatory apartheid policies, settler colonialism and ethnic cleansing.

This Council therefore resolves to ask the Chief Executive to write to the UK Government requesting it to;

- (i) call for an immediate permanent ceasefire and to vote for this at the UN.
- (ii) cease all arms sales to Israel and end military aid for Israel.
- (iii) call on Israel to resume negotiations with the Palestinians.
- (iv) ask to push for an end to the occupation and all parties to adhere to United Nations Resolution 242
- (v) ask all parties to release hostages and prisoners held in "administrative detention."

17: Motion submitted in accordance with Council Procedure Rule 14 as to School Uniform Costs

To consider the following Motion in the names of Councillors Reynolds, Scott, Marchington and Munro;

"This Council notes that:

- 1) School uniform can be a significant expense for many families and the cost-of-living crisis means that buying school uniforms is an even bigger concern than usual for many parents;
- 2) Recent research by the Children's Society found that parents spent on average £287 a year on primary school uniforms and £422 a year on secondary uniforms, with branded items costing more. The Children's Society also found that pupils are expected to have an average of 3 branded items of uniform, while almost a third of secondary school pupils are required to own up to branded items;
- 3) The cost of uniforms can be unnecessarily pushed up by practices such as sourcing a uniform from a single specialist provider;
- 4) The Government has published new statutory guidance aimed at making school uniforms more affordable after a legal requirement to do so passed into law in 2021. In contrast to the previous school

uniform guidance, which was non statutory, the Education (Guidance about Costs of School Uniforms) Act, which was introduced in the House of Commons in February 2020, and completed its stages in 2021, became law with cross-party support and requires the Government to publish legally binding guidance requiring school authorities to consider costs when setting school uniform policies. Schools and their governing boards must have regard to the statutory guidance when developing and implementing their school and trust uniform policies. The main points of the statutory guidance are:

- Parents should not have to think about the cost of a school uniform when choosing which school(s) to apply for. Therefore, schools need to ensure that their uniform is affordable.
- In considering cost, schools will need to think about the total cost of school uniforms, taking into account all items of uniform or clothing parents will need to provide while their child is at the school.
- Schools should keep the use of branded items to a minimum.
- A school's uniform policy should be published on the school's website, be available for all parents, including parents of prospective pupils, and be easily understood.
- Schools should ensure that their uniform supplier arrangements give the highest priority to cost and value for money (including the quality and durability of the garment).
- Single supplier contracts should be avoided unless regular tendering competitions are run where more than one supplier can compete for the contract and where the best value for money is secured. This contract should be retendered at least every 5 years.
- Schools should ensure that second-hand uniforms are available for parents to acquire. Information on second-hand uniforms should be clear for parents of current and prospective pupils and published on the school's website.
- Schools should engage with parents and pupils when they are developing their school uniform policy.

This Council believes that:

1. The statutory guidance set out by the Government is having a limited impact as some schools are still failing to adhere to the recommendations. This is compounded by the rising costs for standard uniform items and branded items in particular during the current unprecedented cost of living crisis.
2. Schools have a duty to consult parents when developing their uniform policy and to publish the details on their website for prospective and exiting parents.
3. The cost of highly branded or bespoke uniform policies is unacceptable unless schools are able to effectively subsidise the purchase throughout the child's tenure at their school.
4. Schools are under a huge range of pressures and are finding it increasingly difficult to support parents, although most of our local schools have reuse and recycle arrangements to assist especially since the Government removed the uniform grant provision in England in 2010. Although this has been continued in Scotland, Wales and Northern Ireland, English local authorities are no longer supported to do this.
5. The Children's Society should be supported in its recommendations to make school uniforms more affordable. This includes:
 - The Government reissuing school uniform guidance to all schools to remind them of their responsibilities in relation to the affordability and availability of school uniforms.
 - The Government to make the school uniform guidance a statutory requirement, so that schools have a legally binding commitment to comply with it.
 - The government should also explore capping the cost of school uniforms, which would help to ensure that parents are not paying unreasonable costs.

This Council therefore resolves to:

- 1) Write to the Secretary of State for Education to call on the Government to review and update its statutory guidance, remind all schools of their responsibilities on relation to the affordability and availability of school uniform and ensure schools have fair and effective uniform policies. To include:
 - a limit on the number of branded items in any school uniform, with an appropriate number of items specified for secondary, primary and specialist schools. Taking into account the frequency of use and lifespan requirement of all items.
 - to prevent schools from making frequent changes to their

uniform policy which may necessitate the purchase of new items, including during academisation.

- to provide further guidance on the requirement for multiple items of similar types of footwear e.g. indoor and outdoor shoes.

If a school does not comply with the updated statutory guidance, parents should be able to complain directly to the Department for Education who should be able to enforce compliance, rather than just to the governing body of a school.

In addition, it should be explored to see if Ofsted could be tasked with policing school's compliance with the statutory guidance.

2) Continue to work collaboratively with all our schools in Kirklees to:

- Ensure schools understand the importance of cost-effective uniform policies.
- Ensure that schools are aware that they should not sanction their students for uniform breaches outside parental or student control.
- Ensure that schools are able to provide appropriate guidance or support for families struggling with the cost of school uniform.
- Signpost schools and parents to the excellent provision within Kirklees for recycling and reuse of branded and unbranded uniform through organisations like Uniform Exchange.

18: Motion submitted in accordance with Council Procedure Rule 14 as to Water Quality and Sewage Discharge

To consider the following Motion in the names of Councillors Butt, Scott, Marchington and P A Davies;

“This Council notes that:

1) Most of the UK has a combined sewerage system, meaning that both rainwater and waste water (from toilets, bathrooms and kitchens) are carried in the same pipes to a sewage treatment works. However, during heavy rainfall, the capacity of these pipes can be exceeded, which has the potential to back up and flood people's homes, roads and open spaces, unless it is allowed to spill elsewhere. As a result, the system is designed to overflow occasionally and discharge excess wastewater into our rivers and seas. However, data shows that the use of overflows is not occasional, as it should be;

2) Sewage and wastewater discharge is a significant factor in water quality and has an adverse impact on the health of river ecosystems;

3) According to the Wildlife Trusts, only 16% of waters in England are currently in good ecological health and none meet chemical standards. This means that, overall, there are no rivers, lakes, estuaries or seas in England that are currently in a healthy condition;

4) This is a local issue as well. Last year, the amount of time sewage was allowed to spill into Yorkshire's waterways was 232,054 hours, with 54,273 monitored spill events. According to the Environment Agency, parts of Yorkshire have some of the highest number of serious water pollution incidents in England and Kirklees has ranked amongst the highest in recent years.

Data from 2021 has revealed that 5 of the top 20 most polluted rivers are in Yorkshire, with the River Calder the second most sewage-polluted waterway in the country, with sewage flowing into the river and tributaries for 27,901 hours;

5) The Labour Party has published a plan to end the Conservative Sewage Dumping Scandal, with action to:

- Deliver mandatory monitoring of all sewage outlets
- Give the Environment Agency the power to properly enforce the rules
- Introduce a legally binding target to end 90% of sewage discharges by 2030
- Introduce automatic fines for discharges, and a standing charge penalty for discharge points without monitoring in place
- Ensure any failure to improve is paid for by eroding dividends, not added to customer bills, or hitting vital investment in the system
- Make sure that water bosses that routinely and systematically break the rules will be held professionally and personally accountable, by striking off company directors and ensuring illegal activity is punished.

The national Liberal Democrat party has published a plan to help tackle the sewage scandal. This includes:

- A 'Sewage Tax' of 16% on water companies to create an emergency fund for cleaning up rivers. The party believe that a significant proportion of the profits that water companies make should be reinvested to protect Britain's streams and rivers, as it should be the water companies and not consumers who should pay to clean up the mess.
- Local environmental groups to be added onto water company boards to help support the water companies in their duties to protect and enhance the environment.
- Water companies should adopt a 'public benefit company' model, so that economic and environmental policy objectives are also considered when running the company, rather than just a return for shareholders.
- Ofwat, the water regulator, should be abolished and replaced with

a tough new independent regulator with real powers, to protect our rivers and beaches from sewage dumps. The new regulator would have the power to hand out unlimited fines and, if necessary, to prosecute companies who fail to meet their legal duties.

- Rivers in Britain should be given a new 'blue flag status' to protect waterways from sewage dumping. The designations would work in a similar way to the international scheme that exists for beaches and marinas and requires a series of environmental standards to be met.

This Council believes that:

1) Healthy waterways are the foundation for all life, but our rivers and lakes have become poisoned, which has had a hugely negative impact on aquatic wildlife and habitats;

2) The Government needs to set out more ambitious targets to repair the damage inflicted on our rivers and watercourses;

3) The council has a number of legal responsibilities in relation to protecting its rivers and watercourses as well as in relation to public health;

4) Local authorities, including Kirklees Council, should also have powers to fine water utility companies for preventable sewage dumping. The Council should use its voice to put pressure on water companies and the Government to make improvements and fulfil their obligations to Kirklees residents and resident elsewhere across the country;

5) Many Kirklees residents are concerned about water quality and the impact of regular wastewater discharge and untreated sewage into our rivers, and the impact that this has on human health and wildlife. Now, more than ever, water quality is at the forefront of public consciousness, as releasing sewage into rivers is no longer an emergency-only situation occurring as a result of severe rainfall, but a regular occurrence. This is at a time when water companies are reportedly pushing to be allowed to increase water bills in England by up to 40% by 2030 to pay for the sewage crisis, essentially offloading the cost of cleaning up sewage spills on to British households.

This Council, therefore, resolves to:

1. Work collaboratively with the Canal & River Trust, Yorkshire Water and the Government, to improve water quality and adopt measures to end sewage dumping, including legally binding targets; mandatory monitoring; automatic fines; and using Ofwat's existing powers to make sure that it is company dividends, not customers who pay the price.

2. Write to the Secretary of State for Environment, Food and Rural Affairs calling for an urgent ban on sewage discharge in our rivers,

lakes and watercourses.

Furthermore, to request that the Government is more ambitious in its overall target to improve water quality. It should be in line with the Wildlife Trusts' target for at least 75% of rivers, streams and other freshwater bodies to reach an overall 'clean waters' status by 2042;

3. Write to Yorkshire Water to request that:

(1) They stop the routine discharge of sewage in our district's rivers, lakes and watercourses and invest in appropriate infrastructure to reduce the frequency of the discharges;

(2) They provide the Council with an action plan outlining the steps they are taking to mitigate such instances of sewage discharge; and

(3) They review the plan on a 6 monthly basis to consider how they are complying with their legal obligations on this issue.

19: Motion submitted in accordance with Council Procedure Rule 14 as to NHS Dental Contract Reform

To consider the following Motion in the names of Councillors Ramsay, Kendrick, Marchington and P A Davies;

"This Council notes that:

1) NHS dentistry operates similarly to GP practices in that most dentists are not employed directly by the NHS but operate as independent contractors. In practice, this means that dentists purchase and equip the surgery, hire staff and pay all the running costs (such as wages, materials and insurance) in order to provide an NHS dental service;

2) Dentists enter into agreements with NHS England which commits them to perform a set number of 'units' of treatment every year. The contract gives NHS dental practices targets to hit, and this is known as units of dental activity (UDA). If dental practices do not hit their targets, they risk losing a significant part of their NHS funding;

3) Dentists are paid by the NHS according to the number of UDAs they provide. UDAs are a measure of the amount of work done during dental treatment. More complex dental treatments count for more UDAs than simpler ones. For example, an examination is 1 UDA, fillings are 3 UDAs and dentures are 12 UDAs, but the UDA bears no relation to the amount of work or true cost of the treatment. This means that NHS dentists have to subsidise more complex work. In addition, dentists have inherited different UDA tariffs, so different dentists get paid different rates for the same treatment.

4) There is a shortage of dentists in England. According to NHS figures, the number of dentists providing NHS care in England fell from 23,733 at the end of 2020 to 21,544 at the end of January this year.

This means that the NHS now has the smallest number of dentists it has had for over a decade. It is also a local problem, with Kirklees losing 11% of its dentists, meaning that it is among the 25 most affected areas nationally.

This Council believes that:

1) Access to NHS dental care and treatment has become enormously limited and this is a huge issue. Many people across Kirklees and England have been forced to go private and are battling to get treatment as practices stop seeing NHS patients. Many people travel miles outside their areas to access NHS treatment and some have even travelled overseas for treatment. Sadly, there has been a rise in do-it-yourself dentistry, which is enormously risky and can be harmful to dental health;

2) Dental care is an essential part of health care and should be available to all, yet oral health inequality is widening across Kirklees and across the country. A shortage of NHS appointments and treatment is particularly affecting those on low incomes the hardest, as well as patients with high levels of need, including those who are vulnerable. A lack of access to NHS dental care has real implications; it is deepening health inequalities and resulting in a rise of health issues, such as tooth decay, gum disease and oral cancer;

3) Dental surgeries have been forced to scale back their services. In part this is due to recruitment and retention issues, as well as NHS dental care services being underfunded and overstretched. There are staffing shortages which has been exacerbated by Brexit and Covid-19. Many dentists are unhappy with the NHS dental contract, according to the British Dental Association, and this may also be a significant factor;

4) The current NHS dental contract is unworkable and is not fit for purpose. The dental contract, introduced in 2006, has attracted criticism from a range of bodies, including the British Dental Association and patient groups. It effectively remunerates dentists solely on their activity, meaning that dental surgeries are incentivised not to deal with the most serious cases. It wrongly puts the focus on meeting targets rather than delivering good patient care. Over the last year, there have been some changes made to the NHS dental contract, but as the British Dental Association note, these changes do not go far enough in helping to tackle the current crisis;

5) In some cases, dentists are losing money to see patients, particularly those with high needs. Many newly qualified dentists are simply unable to cover the costs of providing NHS treatment. Many

dentists are feeling pressure to go private in order to cover wages and equipment costs and to survive as a business; many are leaving the profession entirely. Under the current model, it is difficult for dentists to provide a standard level of care to all patients, given the time constraints and need to meet UDA targets;

6) There has been a worrying shift towards the privatisation of NHS dentistry. The current system is failing patients and dental teams and contributing significantly to access problems in Kirklees and across the country. The dental contract needs to be replaced with a more modern system which puts prevention at its heart and better reflects dentistry in the 21st century;

7) While a commitment to reform the current NHS dental contract has been an established goal of successive governments, progress has been slow and has not been substantive. The current Government and NHS England must intervene and speed up dental contract reform. Urgent and fundamental reform is required to ensure that people can access the dental care they are entitled to. In addition, the Government needs to provide sustained funding to tackle the underlying problems

This Council notes that:

1) NHS dentistry operates similarly to GP practices in that most dentists are not employed directly by the NHS but operate as independent contractors. In practice, this means that dentists purchase and equip the surgery, hire staff and pay all the running costs (such as wages, materials and insurance) in order to provide an NHS dental service;

2) Dentists enter into agreements with NHS England which commits them to perform a set number of 'units' of treatment every year. The contract gives NHS dental practices targets to hit, and this is known as units of dental activity (UDA). If dental practices do not hit their targets, they risk losing a significant part of their NHS funding;

3) Dentists are paid by the NHS according to the number of UDAs they provide. UDAs are a measure of the amount of work done during dental treatment. More complex dental treatments count for more UDAs than simpler ones. For example, an examination is 1 UDA, fillings are 3 UDAs and dentures are 12 UDAs, but the UDA bears no relation to the amount of work or true cost of the treatment. This means that NHS dentists have to subsidise more complex work. In addition, dentists have inherited different UDA tariffs, so different dentists get paid different rates for the same treatment.

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This means that the NHS now has the smallest number of dentists it has had for over a decade. It is also a local problem, with Kirklees losing 11% of its dentists, meaning that it is among the 25 most affected areas nationally.

This Council believes that:

1) Access to NHS dental care and treatment has become enormously limited and this is a huge issue. Many people across Kirklees and England have been forced to go private and are battling to get treatment as practices stop seeing NHS patients. Many people travel miles outside their areas to access NHS treatment and some have even travelled overseas for treatment. Sadly, there has been a rise in do-it-yourself dentistry, which is enormously risky and can be harmful to dental health;

2) Dental care is an essential part of health care and should be available to all, yet oral health inequality is widening across Kirklees and across the country. A shortage of NHS appointments and treatment is particularly affecting those on low incomes the hardest, as well as patients with high levels of need, including those who are vulnerable. A lack of access to NHS dental care has real implications; it is deepening health inequalities and resulting in a rise of health issues, such as tooth decay, gum disease and oral cancer;

3) Dental surgeries have been forced to scale back their services. In part this is due to recruitment and retention issues, as well as NHS dental care services being underfunded and overstretched. There are staffing shortages which has been exacerbated by Brexit and Covid-19. Many dentists are unhappy with the NHS dental contract, according to the British Dental Association, and this may also be a significant factor;

4) The current NHS dental contract is unworkable and is not fit for purpose. The dental contract, introduced in 2006, has attracted criticism from a range of bodies, including the British Dental Association and patient groups. It effectively remunerates dentists solely on their activity, meaning that dental surgeries are incentivised not to deal with the most serious cases. It wrongly puts the focus on meeting targets rather than delivering good patient care. Over the last year, there have been some changes made to the NHS dental contract, but as the British Dental Association note, these changes do not go far enough in helping to tackle the current crisis;

5) In some cases, dentists are losing money to see patients, particularly those with high needs. Many newly qualified dentists are simply unable to cover the costs of providing NHS treatment. Many dentists are feeling pressure to go private in order to cover wages and equipment costs and to survive as a business; many are leaving the profession entirely. Under the current model, it is difficult for dentists to provide a standard level of care to all patients, given the time constraints and need to meet UDA targets;

6) There has been a worrying shift towards the privatisation of NHS dentistry. The current system is failing patients and dental teams and contributing significantly to access problems in Kirklees and across the country. The dental contract needs to be replaced with a more modern system which puts prevention at its heart and better reflects dentistry in the 21st century;

7) While a commitment to reform the current NHS dental contract has been an established goal of successive governments, progress has been slow and has not been substantive. The current Government and NHS England must intervene and speed up dental contract reform. Urgent and fundamental reform is required to ensure that people can access the dental care they are entitled to. In addition, the Government needs to provide sustained funding to tackle the underlying problems of dental access and affordability. These problems lead to increased risk of diabetes, cardiovascular disease and Alzheimer's disease;

8) It is shocking that there is a massive surge in children and teenagers needing teeth removed at hospital emergency departments due to decay due to a lack of dental healthcare access. Government data shows that 42,180 operations for tooth extraction took place in NHS hospitals in England in 2021/22 for those aged under 20. Tooth decay is the most common reason for children aged 6-10 to be admitted to hospital. We are failing our children. It is essential that we push the prevention of gingivitis before it progresses to periodontitis due to the high cost to the NHS of treating health related conditions, such as those outlined in the previous paragraph.

9) If elected, Labour have pledged to provide an extra 700,000 urgent dentist appointments and reform the NHS dental contract as part of a package of measures to rescue NHS dentistry. They will offer incentives for new dentists to work in areas with the greatest need so that those who need an appointment will be able to get one.

10) Labour would also introduce supervised toothbrushing in schools for 3–5-year-olds targeted at the areas with the highest childhood tooth decay. This shift to prevention will assist in the longer term.

This Council, therefore, resolves that:

The Leader of the Council writes to the Parliamentary Undersecretary of State for Primary Care and Public health to demand an urgent independent review of the NHS dental contract, and consideration of the pledges above.”

20: Response to Motion - Small Business Saturday

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To receive, for information, the response to the Motion approved by Council on 15 November 2023.

By Order of the Council



Steve Mawson
Chief Executive