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Tuesday 16 January 2024

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 24 January 2024**.

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

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Bill Armer (Chair)

Councillor Beverley Addy

Councillor Itrat Ali

Councillor Jo Lawson

Councillor Alison Munro

Councillor Habiban Zaman

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Panel

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Declaration of Interests

1 - 2

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

3: Admission of the public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Panel.

4: Deputations/Petitions

The Panel 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.

5: 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.

6: Dentistry and Oral Health

3 - 16

Representatives from West Yorkshire Integrated Care Board will be in attendance to provide information on Dentistry and Oral Health in Kirklees.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer.

7: Work Programme 2023/24

17 - 26

The Panel will review its work programme for 2023/24 and consider its forward agenda plan.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer.

KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Health & Adult Social Care Scrutiny Panel				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

West Yorkshire Joint Health Overview and Scrutiny Committee

23 November 2023

Summary report	
Item:	Dentistry and Oral Health in West Yorkshire
Report author:	Hayden Ridsdale, Strategy and Partnerships Programme Manager, NHS West Yorkshire Integrated Care Board
Presenter(s):	Ian Holmes, Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board Hayden Ridsdale, Strategy and Partnerships Programme Manager, NHS West Yorkshire Integrated Care Board
Executive summary	
<p>NHS West Yorkshire Integrated Care Board (WY ICB) received the delegation of commissioning responsibility for dental services from NHS England on 1 April 2023. This followed significant pre-delegation work and reflected our ambition to become the commissioner and belief that we can improve and integrate services.</p> <p>On 16 May 2023 the NHS WY ICB Board approved all recommendations set out to improve dental services in our region. The recommendations include utilising our financial resources, increasing and expanding flexible commissioning to 25%, the development of a dental workforce plan, working closely with local authorities and increasing the capacity of the dental team.</p> <p>Work has progressed at pace since May to deliver those priorities. Section 8 onwards of this paper outlines the difference we are already making, as well as the areas we plan to go further on.</p>	
Recommendations and next steps	
<p>The WY JHOSC are asked to –</p> <ul style="list-style-type: none"> • Note the progress made since April 1, 2023, to improve and invest in dentistry and oral health, recognising further improvements will take time. • Discuss and provide feedback on the progress and future areas of focus. • Provide support and guidance where members have direct influence, including but not limited to water fluoridation, the link with public health and engagement with the public. 	

Purpose

1. This paper provides information to the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) on the key context and progression of NHS West Yorkshire Integrated Care Board (WY ICB) priorities on dentistry and oral health.

Background and Context

2. On 1 April 2023 WY ICB received the delegation of commissioning responsibility for dental services from NHS England. This reflected our strong support for inheriting this responsibility with a belief that we could improve and integrate dental services and followed significant work to prepare for delegation.
3. At their meeting on the 16 May 2023, the WY ICB Board discussed in full the current context, challenges and opportunities for dentistry and oral health and supported a set of recommendations to help mitigate these challenges. The detailed Board is in Appendix A; however a short summary is set out below.
4. Access to NHS dental services and the general state of oral health is a key challenge and concern for members of the public and elected officials alike. Various sources of engagement and information show this, including –
 - a. A WY Healthwatch report (Appendix B) which highlights poor patient experiences including six year waits, excessive use of antibiotics instead of substantive treatment, self-extraction of teeth, profound mental health impacts, and proposes solutions.
 - b. An engagement session held by NHS WY ICB on dentistry and oral health (Appendix C).
 - c. Our Joint Forward Plan Consultation Report (Appendix D) which highlights dentistry as a significant and recurrent issue for our population.
 - d. The volume and themes of complaints and feedback that the ICB consistently receives – a total of 239 complaints between April 1 and October 31 2023, 152 relating to access and 87 being practice specific.
5. The challenges within the dental system driving the issues are deep-rooted, longstanding and often complex. Challenges include –
 - a. The national dental contract, which has been cited as the most significant barrier to good dental access, and lack of national reform. The contract is based on Units of Dental Activity (UDAs), which vary widely across WY, meaning dentists get paid differently for the same activity, and fails to deliver targeted interventions, prevention and in some cases value for the clinical complexity treated by our dentists.
 - b. Dental workforce capacity and morale, which has been impacted by the COVID-19 pandemic as well as wider factors borne out of the contract.

- c. Capacity of the dental commissioning team, limiting ability to execute their functions, transform services and support the profession to deliver access.
 - d. Increasing patient need, complexity, and demand for dental services, resulting in part from the inability to access services.
 - e. Limitations in data access and quality that would enable more targeted transformation, service design, commissioning, and prevention work.
6. The ICB Board endorsed recommendations to address the challenges include –
- a. Utilising our financial resources, with £6.5m additional investment to improve access. This includes an ‘at risk’ projection of £4.5m contract under delivery, which enables us to plan to use our resources proactively.
 - b. Increasing the flexible commissioning substitution to 25% of the contract value and engaging more practices in the programme.
 - c. The development of a WY dental workforce plan.
 - d. Working with local authority partners on a life-course approach to prevention, data/measurement priorities, water fluoridation and more.
 - e. Increasing the capacity of the dental commissioning team.
7. Our ambitions reflect what is within our gift. Several solutions, including contract reform and water fluoridation, require national action and a concerted effort. We remain committed to influencing these areas and welcome members’ support.

Progressing our Ambitions

- 8. To date significant focus has been on the development and implementation of a £6.5m investment plan that delivers access for people now, providing a short-term solution in place of longer-term work.
- 9. All progress is underlined by an approach of multi-professional collaboration. Plans and priorities have been developed with the profession, dental consultants in public health, wider public health, and other ICB programmes, including children.

Investment Plan

- 10. The investment plan delivers on the Board priority to make full use of our resources by investing projected underspend within this financial year. This reflects a bold Board risk appetite and proactive approach to mitigate challenges. It supports patient access and oral health improvement by investing in the following areas –
 - a. **Urgent dental care:** investing c.£4.9m to continue and expand the current service, ensuring that when any WY patient has an urgent need, they can access dental care.

- b. **Additional access sessions:** providing targeted opportunities to access dental services where need is high including for children in our most deprived areas, homeless groups, refugees and asylum seekers, and a focus on validating waiting lists.
- c. **Community dental services:** supporting innovative models of care, including investment in a level 2 paediatric service that will treat CDS patients in a primary dental care setting and address long waits, additional workforce capacity and a focus on care homes.
- d. **Orthodontics:** securing additional orthodontic capacity to alleviate pressures and waiting times for patients.
- e. **Prevention and tackling inequalities:** supporting better oral health in the population, stemming the flow of demand, and preventing a further deterioration including investment in each of our local authorities, partnering with the University of Leeds on two initiatives, and removing structural barriers to accessing care.

11. To date, approximately £5.9m of the investment plan is spent or committed. The remaining c.£600,000 is on track to be spent by the end of the financial year.

Other areas of progress

12. Alongside delivering an immediate impact through investment, other priorities are being progressed to ensure that our plan to deliver improvement and transformation is sustainable and impactful.
13. On **flexible commissioning**, we have formed a Yorkshire and Humber wide group to develop an ambitious, innovative, tariff-based approach, with clinical and public health leadership. This will better enable us to target dental activity toward areas of high need and to tackle inequalities, make the contract work for us, and support the retention of the dental workforce.
14. The **dental workforce plan** is in the early stages of development, with a group of subject matter experts including the education sector and dental deanery convening to form a clear workplan. The plan will focus on these priorities –
- a. Establishing a comprehensive understanding of the dental workforce.
 - b. Enabling workforce training and development in line with commissioning intentions.
 - c. Supporting the establishment of Centres for Dental Development.
 - d. Funding international dental graduate placements in areas of most need.
 - e. Proactive recruitment, retention, and development of workforce to meet population need.

15. We have established broad support across health and local authority partners through the WY ICP Partnership Board on **water fluoridation**. We are partnering with regional ICBs with whom we share an ambition and approach, connecting with the NENC ICB region who are actively progressing fluoridation, and discussing with the DHSC.
16. **Collaborative working with CDS providers** to address key issues has led to consensus on supporting mutual aid, exploring future service models and joint working with the West Yorkshire Association of Acute Trusts to address issues in access to theatre space for paediatric general anaesthetic procedures.
17. We have engaged in discussions on the **epidemiology survey** to understand current position and seek solutions to key challenges. This year (2023/24) two of our localities will run the national survey. There is a significant gap in data that the survey produces, which challenges our understanding of oral health in the population and our ability to target services. The support and expertise of JHOSC may help to address this issue.
18. We have made a concerted effort to **build strong relationships with key stakeholders** that enable delivery of priorities and codesign of new solutions. This includes establishing strong links with Local Dental Committees, strengthening our relationship with the Local Dental Network and wider profession, and connecting nationally to share our approach and learn.
19. A **proactive approach to communications and engagement** has led to the creation of online resources, sharing periodic updates with wider system partners, and the establishment of dental patient reference group to embed patient engagement at the heart of our plans.
20. **Additional recruitment to the commissioning team**, including a band 9 deputy director and 8b senior commissioning manager, will grow the capacity and capability required to deliver our ambitious programme.

Next Steps

21. Transforming dental services over multiple time horizons is critical to delivering long-term sustainable change. In doing this we will –
 - a. Continue to deliver on the work we have started, including our additional investments, flexible commission and the workforce plan, and the way we are delivering in collaboration with the profession, experts, and local people.
 - b. Develop proactive policy positions that support the profession, service delivery, access and prevent a further deterioration in under delivery.
 - c. Develop new models of delivering dental services, including for example building on the relationships established with Community Dental Service

providers to develop a better service model, and identifying new innovative service areas and models to support that.

- d. Develop a clear measurement framework as part of the Joint Forward Plan that will enable us to track the state of access, oral health, and the difference we are making through interventions.
- e. Join up work with public health teams to maximise impact, tackle inequalities and embed a life-course oral health promotion and prevention approach.
- f. Plan to mitigate contract under delivery, in turn improving access, and use our resources to improve dentistry where this is unavoidable.
- g. Continue to influence the national discourse, for example on contract reform.

Recommendations

22. The WY JHOSC are asked to –

- a. Note the progress made since April 1, 2023, to improve and invest in dentistry and oral health, recognising further improvements will take time.
- b. Discuss and provide feedback on the progress and future areas of focus.
- c. Provide support and guidance where members have direct influence, including but not limited to water fluoridation, the link with public health and engagement with the public.

Appendix A – Dentistry and Oral Health in West Yorkshire

A link to the 16 May 2023 NHS WY ICB Board paper is [here](#).

Appendix B – Healthwatch Report on Dentistry and Oral Health

Report from Healthwatch Leeds, covering all of West Yorkshire: [The Public's Experience of NHS Dentistry](#)

Appendix C – Response to Dentistry and Oral Health Engagement Session

[Written response from the NHS WY ICB Chair and Director of Strategy and Partnership's](#) on the ICB Board engagement session.

Appendix D – Joint Forward Plan Consultation Report

A link to the report is [here](#).

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Kirklees Health Overview Scrutiny Committee: *Dentistry and Oral Health in West Yorkshire*



WY ICB Dental Overview

Timeline –

- ❖ **1 April 2023:** ICB inherits commissioning responsibility for dental services from NHSE; significant work pre-delegation to ensure system readiness; eager to become the commissioner.
- ❖ **16 May 2023:** ICB Board focus on dentistry and oral health; all recommendations agreed to.
- ❖ **Since May to present day:** rapid development and delivery of a dental improvement programme, delivering now and planning over multiple time horizons, and ensuring business continuity.

Key context –

- ❖ Significant challenges – access, workforce capacity/morale, public dissatisfaction, contract, under-delivery.
- ❖ Bold risk appetite from WY ICB with ambition to address challenges, improve services and oral health, working across partners, recognising some challenges and solutions are national.
- ❖ Commissioning team working across Y&H, with HNY ICB and SY ICB, joining up our work on shared priorities

Our priorities –

- ❖ **Immediate term** – maximising the dental budget with a £6.5m investment plan, developing strong relationships (clinical, political, public, national etc.), and increasing team capacity
- ❖ **Medium term** – going further on flexible commissioning with up to 25%, developing a dental workforce plan, and improving the relationship between dental commissioning and oral health/public health
- ❖ **Long term** – transforming services, new service models, water fluoridation, and stemming the flow of under-delivery with proactive approaches and policy positions

Progress Snapshot Across WY

£6.5m Investment Plan

- ✓ Urgent access sessions – £4.9m full year investment, delivered by GPs on a sessional basis
- ✓ Targeted schemes – £650,000 on schemes for vulnerable population groups including those suffering homelessness, refugees/asylum seekers, children living in our most deprived areas and gypsy, roma and traveller communities
- ✓ Community dental services – £225,000, including an innovative 'level 2' scheme where patients are seen by qualified GPs, reducing waits and treating people close to home
- ✓ Orthodontics – £150,000 to enhance capacity and provision, noting challenges in this space
- ✓ Prevention – £575,000 investment through a range of partners in areas that prevent a further deterioration in oral health, including in schemes run by our local authorities (e.g. supervised toothbrushing, health visiting) and through the University of Leeds (e.g. schemes supporting children with autism).

Other areas of progress

- Progressing our flexible commissioning ambitions
- Developing a dental workforce plan
- Building strong relationships with clinical and non-clinical stakeholders
- Collaborative work on community dental services with providers
- Recruitment to the dental team



NHS Dentistry in Kirklees

Current Context

- 54 GDS providers, commissioned to provide 763,233 UDAs
- 12 (of 54) GDS providers engaged in flexible commissioning
- 3 Orthodontic providers, commissioned to provide 30,502 UOAs
- 2 IMOS providers
- Refugee & asylum seeker and homeless additional access practice
- 2 practices engaged in additional waiting list validation access sessions
- Min. 2 additional practices to provide additional access for children pending
- Additional £77,000 provided to Kirklees Council for oral health schemes

Urgent Dental Care

- Avg. appts needed across WY: 8,238 (first 6m 2023/24)
- Avg. appts offered across WY: 6,052 (first 6m 2023/24)
- Kirklees provision vs demand: -1,066; Huddersfield = avg. 1.09 patients per appt, Dewsbury = avg. 1.96 patients per appt.
- April '21 to Sept '23: CHFT = 2,000 dental presentations at A&E, MYTT = 4,000

NHS Dentistry in Kirklees

Paediatric Dentistry (Locala Community Dental Service)

- 1855 new patients waiting to be assessed
- 331 patients waiting for extractions
- 50 weeks longest wait
- 77 weeks average wait time from new patient to extraction
- Work ongoing: collaboration amongst CDS providers, exploring mutual aid; exploring potential short term, non-recurrent interventions; collaboration between ICB, CDS providers and WYAAT; CDS specification review.

Paediatric Dentistry (Calderdale and Huddersfield NHS FT, Secondary Care Dental service)

- 135 new patients waiting to be assessed
- 11 patients awaiting surgical treatment
- 49 weeks longest wait
- 26 weeks average wait time from new patient to extraction

Access and oral health data

- 31.2% 5 year olds with experience of decay (2019)
- 51.6% adults had accessed a dentist in the prior 24 months (up to 30th June, 2019)
- 54.7% of children had accessed a dentist in the prior 12 months (up to 30th June, 2019)
- 54.2% FP17s for 0–17-year-olds showed application of fluoride varnish

Summary

We have embarked on a dental transformation programme that delivers in the immediate term, and takes medium and long term view (including focusing on financial enablers for next year)

We are exploring long term solutions and transformation – new service models, better integration with oral health and public health teams, addressing under-delivery, improving our measurement

Our approach is ambitious and transformative, but deliverable and is delivering now through our investment plan and approach to supporting practices and stabilising current provision

We are addressing significant challenges over the immediate, medium and long term, and are optimistic about our impact, but some significant challenges require national solutions and long-term concerted effort.

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Cllr Bill Armer (Lead Member), Cllr Beverley Addy, Cllr Itrat Ali, Cllr Jo Lawson, Cllr Alison Munro, Cllr Habiban Zaman, Helen Clay (co-optee), Kim Taylor (co-optee).

SUPPORT: Yolande Myers, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Resources of the Kirklees Health and Adult Social Care Economy</p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • An overview of the financial position of the local health and social care system to include: the work that is being carried out to meet current year budgets; and to identify any risks. 	<p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from key organisations provided an update in relation to each organisation’s financial position, which included the risks and mitigations in the longer term, and also provided an overview of the next steps for the current financial year and future years.</p> <p>The Panel noted the commitment from partners to continue to work together to ensure sufficiency, drive out health inequalities and to understand the needs of the population.</p>
<p>2. Capacity and Demand – Kirklees Health and Adult Social Care System</p>	<p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> • Receiving updated data on waiting list times by service to assess progress against data received by the Panel last year (August 2022) to include: update on waiting times for children requiring dental 	<p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from partner organisations presented details of the work being done in relation to capacity and demand.</p>

	<p>extractions under general anaesthetic and actions being taken to reduce delays (see item 7).</p> <ul style="list-style-type: none"> • An update on diagnostic waiting times. • An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer. • Review of cancelled elective/ planned procedures. • Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog. 	<p>The information was noted, and the Panel acknowledged that primary care demand was currently extremely high, and the position had only just been recovered to a pre-covid position, with workforce challenges more keenly felt in small GP practices.</p> <p>The Panel noted that the home first approach continued with the overarching principle to discharge people home with the right support leading to the increased hours in care provision.</p>
<p>3. Joined up Care in Kirklees Neighbourhoods</p>	<p>To continue to review the work of health services in the community to include:</p> <ul style="list-style-type: none"> • Assessing progress of the integration of services and workforce. • Considering the work that is being done locally to action the national delivery plan for recovering access to primary care. • An update on the work of community pharmacy and the proposals from Government and NHS on price concessions reform and relief measures to ease pressure on pharmacies. 	<p><u>Panel meeting 27 September 2023</u></p> <p>Representatives from the Kirklees Health and Care Partners provided an update on Joined Up Care in Kirklees Neighbourhoods.</p> <p>The Panel acknowledged that the information submitted did provide good evidence of the progress that was being made in integrated working despite the pressures in the local health and adult social care system.</p>

<p>4. Mental Health and Wellbeing</p>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> • A focus on access to inpatient services including the proposals for transforming Older People’s Mental Health Inpatient services. • Look at the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on CAMHS. 	<p><u>Panel meeting 16 August 2023</u></p> <p>The Panel agreed to set up a formal JHOSC with Calderdale and Wakefield Council to consider the Older People’s Mental Health Inpatient Services.</p> <p>The first meeting of this JHSOSC will be on 27 November 2023 in Wakefield.</p>
<p>5. Managing capacity and demand</p>	<p>To look at the work that is being done in the community to reduce unnecessary admissions to hospital to include:</p> <ul style="list-style-type: none"> • Considering the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home. • To look at the work being done by the local authority and Locala on providing reablement support to include work being done pre-discharge, during discharge and post discharge. • To review the data on the numbers of discharges and readmissions (after 28 days) from all health care settings over the last 12 months. 	<p><u>Panel meeting 27 September 2023</u></p> <p>The Panel heard from representatives from the Kirklees Health and Care Partners who provided an update on managing Capacity and Demand, and was assured that necessary admissions to hospital were being reduced.</p> <p>The Panel was pleased to note that there was currently no waiting list in Kirklees for home care provision.</p>
<p>6. Maternity Services</p>	<p>To follow up on the concerns of the Panel that women who live in Kirklees are currently unable to access a birth centre located in their local district to include:</p> <ul style="list-style-type: none"> • An update on the work being done by CHFT and MYHT to reintroduce birthing centres in Kirklees. • Establishing a timeline for the reopening of services and submission of the proposed maternity services model for Kirklees. • An update on maternity services workforce. 	<p>(A visit to Pinderfields Birthing Centre took place on Monday 16th October 2023)</p> <p><u>Panel meeting 22 November 2023</u></p> <p>The Panel heard from representatives from Mid Yorkshire Teaching NHS Trust, and Calderdale and Huddersfield Foundation NHS Trust. The Panel was satisfied that MYTT had</p>

	<ul style="list-style-type: none"> Formally agreeing next steps to include the approach to communicating and publicising the issue. 	<p>firm proposals and timeframes to re-open the birthing unit at Dewsbury District Hospital.</p> <p>The Panel remains concerned about the continued closure of the birthing unit at Huddersfield Royal Infirmary.</p> <p>A further update in relation to next steps will be brought to the Panel early in 2024.</p>
7. Access to dentistry - (Kirklees Issues)	<p>To follow up on the concerns of the Panel regarding the significant delays for children requiring dental extractions under general anaesthetic to include:</p> <ul style="list-style-type: none"> An update from Locala, CHFT and MYHT on the actions being taken to enable the availability of appropriately staffed theatre time to support the management of the waiting list. Input from the West Yorks Integrated Care Board (WYICB) to include its response to the delays as the new commissioner of dental services in West Yorkshire. An update following the WY JHOSC meeting on 23rd November 2023 where the West Yorkshire Integrated care board will provide information on spending / budgets, flexible commissioning, local workforce plan and the influence on national policy. To identify and follow up on the specific issues affecting Kirklees i.e access to acute theatres. 	<p><u>Panel meeting 27 September 2023</u></p> <p>The Panel was advised that CHFT, at the time of writing of the report, had 12 children awaiting surgical dental extraction. At the time of the report preparation, 119 paediatric patients in MYTT were currently awaiting surgical dental extraction.</p> <p>The issue of access to dentists and paediatric surgical dental extraction remains an area of concern for the Panel.</p> <p>Further information will be provided to the Panel following the West Yorkshire Joint Health Scrutiny Meeting on 23 November 2023.</p>
8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC)	<ul style="list-style-type: none"> To receive and consider the KSAB Annual Report 2022/23 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest. Receive a presentation from the CQC on the State of Care of regulated services across Kirklees. 	

	<ul style="list-style-type: none"> To arrange a discussion with both KSAB and CQC to help provide the Panel with an overview of the quality and safety of adult social care provision. 	
9. Adult Social Care / CQC Inspection	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p> <ul style="list-style-type: none"> Looking at the Council's approach to preparing for the CQC inspections Considering the new CQC inspection areas of responsibility to understand the assurance regime. To look at emerging themes and outcomes from the CQC pilot inspection sites. Receive details of the broader range of changes that the Council is developing to improve the social care offer. Supported Living. 	<p><u>Panel meeting 26 October 2023 (informal)</u></p> <p>The Panel noted that ASC will be given five weeks notice of the inspection and the inspection could be as early as November, or up to 18 months time.</p> <p>The Panel was satisfied that the ASC team in Kirklees was well along with its preparations for the five key 'I' statements and the core themes emerging from pilot areas.</p> <p>The Panel will consider the CQC self-assessment and development plan at a future meeting of the Panel.</p>
10. Consultation on the closure of Claremont House and Castle Grange	<p>The Panel will consider the consultation in relation to the proposals to closure 2 care home in Kirklees to focus on:</p> <ul style="list-style-type: none"> What has been done to date with the consultation. Emerging themes coming out of the consultation process and how these will be addressed. The plans for the remaining weeks before a decision will be formulated and decided upon by Cabinet. The Integrated Impact Assessment Longer term impact information 	<p><u>Panel meeting 22 November 2023</u></p> <p>The Panel heard from officers within Adult Social Care who outlined the proposals for approval in principle to withdraw from the long stay residential care market. The report also covered a summary of the aims, principles, methodology and emerging themes of the public consultation.</p>

		<p>The Panel also heard from families of residents of Claremont House and Castle Grange and the Panel heard that measures were in place to engage with and ask questions of officers of the Council. The Panel noted that individual conversations were offered to families and carers.</p> <p>The Panel requested clarity on the financial details contained within the Cabinet report. They noted the information received regarding the consultation and may to return to the issue at a later date.</p>
11. Joined up hospital services in Kirklees.	<p>To look at the work being developed by Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust to provide joined up services in Kirklees to include:</p> <ul style="list-style-type: none"> • The approach to delivering non-surgical oncology services for Kirklees residents. • The approach being taken to develop the partnership working between the two trusts including details of other services that have the potential to be jointly delivered and/or supported. • Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered. 	
12. External Consultancy	<p>Adult social care has recently instructed an external commission consultant to support the identification of pathway and demand efficiencies. The commission will take the form of an exploration/analysis stage and then a potential change programme of work to embed efficiency opportunities.</p>	<p><u>Panel meeting 26 October 2023 (informal)</u></p> <p>The Panel noted the reasons for instructing the external consultancy Newton Europe due significant challenges facing ASC over the</p>

		<p>coming years, including national and local current financial challenges.</p> <p>The Panel was satisfied that the officers, along with Newton would be in a position to deliver the transformation needed to safeguard the council and its population.</p>
<p>13. Carephones Restructure</p>	<p>The Panel will consider the decision in in respect of the Key Decision Principles:</p> <ul style="list-style-type: none"> • Relevant considerations – Lack of evidence that due regard has been given to the impact on service users, particularly disabled people. • Consult - lack of consultation with service users • Options considered – No detail of alternative options considered and reasons for disregarding any potential options. 	<p><u>Panel meeting 17 November 2023</u></p> <p>The Panel heard from signatories to the call in regarding concerns in relation to impact and consultation. Having considered the issues, the Panel requested that the stage 2 impact assessment be published with the decision, and noted the change in provision was not substantial and would not result in the removal of an elements that were already provided. The Panel was satisfied that the alternative funding streams had been considered and was content that the means tested model offered the fairest way of funding provision.</p> <p>The decision taken in relation to care phones was therefore freed for implementation.</p>

Golden Threads: Workforce recruitment and retention.
 Impact of Covid-19.
 Performance data to be included where appropriate to inform the individual strands of work.
 Inequalities in health to include checking the work being done to promote the range of services and support available to deprived communities and actions/initiatives to increase uptake of services and screening programmes.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2023/24**

MEETING DATE	ITEMS FOR DISCUSSION
5 July 2023	1. Setting the Work programme 2023/24
16 August 2023	1. Resources of the Kirklees Health and Adult Social Care Economy 2. Capacity and Demand – Kirklees Health and Adult Social Care System 3. Older people’s mental health inpatient services transformation programme
27 September 2023	1. Joined up Care in Kirklees Neighbourhoods 2. Managing Capacity and Demand.
26 October 2023 (Informal)	1. External Consultancy 2. Preparation for CQC inspection
17 November 2023	1. Carephones
22 November 2023	1. Maternity Services in Kirklees 2. Consultation on closure of Castle Grange & Claremont House
24 January 2024	1. Dentistry
28 February 2024	1. Adult Social Care - CQC self-assessment and development plan (to include External Consultancy) 2. Kirklees Safeguarding Adults Board Annual Report
17 April 2024	1. TBC (Possible visit to Knowl House)

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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