

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 9th April 2025

Present: Councillor Jo Lawson (Chair)
Councillor Timothy Bamford
Councillor Eric Firth
Councillor Alison Munro
Councillor Jane Rylah

Co-optees Helen Clay

In attendance: Councillor Itrat Ali
Michelle Cross, Executive Director, Adults and Health,
Cath Simms, Service Director, Adults Social Care
Operation,
Alexia Gray, Head of Quality Standards and
Safeguarding,
Sheran Loran, Healthwatch,
Alyson Corns NHS Humber and North Yorkshire
Integrated Care Board,
Jane Moore, NHS Humber and North Yorkshire
Integrated Care Board,
Steve Gardner, Practice Owner and West Yorkshire Local
Dental Network

Apologies: Councillor Habiban Zaman
Kim Taylor (Co-Optee)

- 1 Membership of the Panel**
Apologies were received from Councillor Habiban Zaman and Kim Taylor Co-optee.
- 2 Minutes of previous meeting**
RESOLVED- That the minutes of the meeting dated 26th February 2025 be approved as a correct record.
- 3 Declaration of Interests**
No Interests were declared.
- 4 Admission of the public**
All items were considered in public session.
- 5 Deputations/Petitions**
No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were received.

7 Dental Service Update

The Panel received a report on Dental Services which explained that the National Health Service (NHS) West Yorkshire Integrated Care Board (WY ICB) had been responsible for commissioning and contracting NHS dental services since April 2023.

Alyson Corns, Humber and North Yorkshire ICB advised the Panel that in April 2023, WY ICB took on delegated responsibility from NHS England for commissioning and contracting of all NHS dental services. WY ICB had agreed to deliver their dental commissioning responsibilities via a shared hub arrangement, hosted by Humber and North Yorkshire ICB and cover South Yorkshire. Whilst WY ICB had the remit for commissioning dental services, Local Authorities had statutory responsibilities for oral health improvement, including commissioning evidence based oral health improvement programmes to meet the needs of the local population.

Both nationally and locally, access to NHS dentistry was a challenge with issues identifies relating to the national contract itself, workforce gaps, and procurement restrictions, making it difficult to secure new dental provision. The Panel noted that dental contracting took place within the national context and challenges were well-embedded, meaning that WY ICB had many issues to overcome in their aims to improve dental services. Improving access remained a priority for the ICB and work had been undertaken to improve dental services for those living in the area by building positive relationships with the profession and local dental practices to continue to improve services.

Questions and comments were invited from Members of the Health and Social Care, and Children's Scrutiny Panels, and the following was raised:

- Up to date data regarding 5-year-olds who experience tooth decay would be provided in June 2025,
- 60% of children within Kirklees had seen an NHS dentist,
- There were no funds available for additional practices in areas where there was a deficit of practices,
- It was the Local Authorities responsibility to commission services in schools,
- There was one practice within Kirklees specifically dedicated to children's access,
- There were two level 2 paediatric services across West Yorkshire where children could have inhalation sedation in a dental practice rather than hospital, the hope was to open another three practices,
- WY ICB had offered practices initiatives that were not reliant on Units of Dental Activity (UDA's) to be delivered for example homelessness, to get away from the model of UDA's, which allowed practices to deliver services in a unique way. Feedback was very positive,
- Income in practices was reliant on the UDA's achieved,
- Children waiting for extractions through surgery had improved, theatre space had increased,

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- Additional resources within the Dentistry team at the ICB had improved communication, which had improved productivity in practices,
- Data on the number of new patients treated due to measures taken by the ICB would be available in June 2025,
- Non recurrent funding was from practices that had not delivered 96% of their contract, the money was refunded to the WY ICB as it was ringfenced to dentistry who then invested in their priorities,
- The average time of referral in Kirklees from a dentist to an orthodontist was approximately 2 years,
- There was a shortage of dentists across the country, Huddersfield University proved courses for therapists and hygienists, which would help with workforce issues,
- There were few NHS dental providers across Kirklees, however one provider could have several dentists working in the same building,
- The number of NHS dentists across Kirklees was unknown due to movement of dentists.

RESOLVED- That the Panel

- 1) Note the dental service update and thank officers for their attendance.
- 2) Requested further information be provided by the Integrated Care Board on:
 - (i) Data around improvements of 5-year-olds experiencing tooth decay due to the interventions that the ICB had put in place,
 - (ii) The number of children on waiting lists requiring surgical extractions,
 - (iii) The number of new patients taken on since the interventions had been put in place to improve service delivery,
 - (iv) The number of NHS dentists across Kirklees.

8 Verbal update on Kirklees Council's CQC Inspection

The Panel received an update on the CQC Inspection scheduled to take place in May 2025.

Michelle Cross, Executive Director for Adults and Health advised the Board that notification had been received from the CQC of a Local Authority inspection on 9th December, with a request to submit their self-assessment and Information Return (IR38) by 10th January 2025. Further notification from the CQC was received on 17th March confirming that the onsite visit would take place w/c 26th May 2025 with a requirement to submit a template of key individuals and team information by 31st March 2025. 50 case files had been submitted and on 1st April the CQC confirmed the 10 case files they would be focusing on, with a list of requirements needed for the case files.

Alexia Gray, Head of Operations and Safeguarding explained that work had taken place to ensure all parties involved in the visit had been briefed which included teams and staff, Executive Leadership Team, Portfolio Holder, Partners and Service users.

Questions and comments were invited from Members of the Health and Social Care, Panel, and the following was raised:

- There were concerns from the service that the cases CQC had chosen to review did not reflect the diversity of Kirklees,

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- The CQC had a focus on equality, diversity and inclusion, officers had been well prepared to include this in their reporting,
- Through preparation for the inspection, the service found issues which were rectified and practice improved with a development plan in place,
- During sessions with partners in health, it was clear that the front-line workers were aware of what their expectations were for the inspection,
- Partnership working had come across very strong when completing the self-assessment, it was noted that some other local authorities did not have as strong relationship with their partners,
- Front line staff were confident in speaking to inspectors, teams were positive in wanting to speak about the good work that they undertook,
- During preparation, gaps in commissioning strategies were found, plans were now in place to make improvements,
- General feedback from other Local Authorities was that the CQC report did not reflect the information in their return and self-assessments.

RESOLVED- That the CQC update be noted, and officer be thanked for the excellent work that had been undertaken in preparation of the inspection.

9 **Work Programme 2024/25**

A discussion took place on the 2024/25 work programme and agenda plan.