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**Service Director – Legal, Governance and
Commissioning**

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Tuesday 1 April 2025

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the at **2.00 pm** on **Wednesday 9 April 2025**.

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 "S Lawton".

Samantha Lawton

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 Jo Lawson (Chair)

Councillor Timothy Bamford

Councillor Eric Firth

Councillor Alison Munro

Councillor Jane Rylah

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: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Panel held on the 26th February 2025.

3: Declaration of Interests

7 - 8

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.

4: 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.

5: 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.

6: 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.

7: Dental Service Update

9 - 22

Representatives from the Integrated Care Board will be in attendance to update the Panel on Dental Services across Kirklees.

Members of the Children's Scrutiny Panel will be in attendance to consider this item.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer.
Tel: 01484 221000.

8: Verbal update on Kirklees Council's CQC Inspection

Adults Social Care Officers will be in attendance to provide a verbal update on the preparation and progress of the Council's CQC Inspection.

Contact: Alexia Gray, Head of Quality Standards and Safeguarding Partnership (Adults)
Tel: 01484 221000.

9: Work Programme 2024/25

23 - 34

The Panel will review its work programme and agenda plan for 2024/25.

Contact: Nicola Sylvester, Principal Governance and Democratic
Engagement Officer.
Tel: 01484 221000

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Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 26th February 2025

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

Co-optees Helen Clay

In attendance: Councillor Ashleigh Robinson (Virtual)
Councillor Hannah McKerchar (Virtual)
Councillor Beverly Addy (Adults Social Care and Health Portfolio Holder)
Michelle Cross, Executive Director, Adults and Health
Cath Simms, Service Director, Adults Social Care Operation
Lucy Wearmouth, Head of Improving Population Health
Vicki Stadnicki, Public Health Manager
Mohammed Sidat, Joint Commissioning Manager
Jacqui Stansfield, Safeguarding Adults Partnership Manager (Virtual)
Robert McGulloch Graham, Chair of Kirklees Adults Safeguarding Board (Virtual)
Councillor Elizabeth Smaje

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

1 Membership of the Panel

Apologies were received from Councillor Jane Rylah, Councillor Habiban Zaman and Kim Taylor Co-optee.

2 Minutes of previous meeting

RESOLVED- That the minutes of the meetings dated 27th November 2024 and 10th January 2025 be approved as a correct record.

3 Declaration of Interests

No Interests were declared.

4 Admission of the public

No Interests were declared.

5 Deputations/Petitions

No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were asked.

7 Healthy Child Programme (HCP) 0-19 Service

Panel Members from the Children's Scrutiny Panel were in attendance to consider the Healthy Child Programme (HCP) 0-19 Service.

Lucy Wearmouth, Head of Improving public protection provided a presentation which explained that the aim of the HCP was to provide the Panel's with an overview of the Healthy Child Programme and the background to the HCP contract effective from 1st April 2026, along with the key milestones for the competitive tender process and to outline the governance flight path.

The Panel noted that the HCP was a vital commissioned service for Kirklees Council as it provided a strategic alignment, health improvement and reduction in inequalities and statutory compliance which aimed to improve health and wellbeing of children and young people (antenatal to age 19, up to 25 for Special Educational Health Needs and Disabilities):

Lucy Wearmouth advised the panel that the HCP had mandated elements which Kirklees were required to provide.

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

- Kirklees Public Health had commissioned Locala to deliver the 0-19 service until 31st March 2026,
- The revised contract value agreed was £7.6 million until 31st March 2026, with the new annual contract value being £8.1million from 1st April 2026,
- Nurses visited schools at entry point which was to undertake the national child measurement programme which was mandatory, the nurse also carried out vision and hearing screening at the same time. School nurses then assessed school children at year 6.
- Current nurse visits to schools were from referral from the school. More presence of nurses at school was a vision for the future,
- For mandatory contacts and support for up to 2.5 years, data was assessed to understand where missed visits had taken place for the provider to target, this integration would be part of the tender process,
- Feedback from the consultation and engagement, and options considered included the importance of face-to-face contact in the home or in the community; ensuring things were more integrated with services working closely; additional support contacts at 3-4 months; increased visibility of services and what the service delivered,
- New regulations had come into practice regarding options when considering a new provider, these included directly awarding the contract to an existing provider, directing awarding the contract if only one provider was available, or to go out to tender for a competitive process. As there was more than one provider available in Kirklees, a competitive process had to take place,

Health and Adult Social Care Scrutiny Panel - 26 February 2025

- Concerns were raised regarding a newspaper article which high-lighted that 50,000 babies each year were caught up in Domestic violence across the country. The Panel noted that a large part of the service specification was to safeguard children,
- Children and young people's and family's voices were a key thread throughout national guidance, which featured through the service specification,
- For people/family's missing contacts, if it was the same 20% of people missing contact each time, data sharing helped identify those people,
- For families who felt they did not require the visits offered, the provider would report the exceptions with the reasons.
- Antenatal visits at 14 days and 28 weeks were in addition to Midwife visits,
- The target with the current provider was 75% contact for antenatal, with an expectation from the new provider to be more than 75% contact.
- New birth visits were in comparison with neighbouring local authorities, antenatal contact needed to improve,
- The difference from the previous provider to the new provider would be to provide additional resource to the contract, sustain improved governance procedures and integrate better with Children's services. Details within the specifications, KPI and quality outcomes were very specific of what was required from the new provider,
- The budget set was for the new contract was for the first 5 years of the contract and was a fixed price, a clause would be in the contract that if the contract was to be extended beyond 5 years, the budget would be reviewed,
- Skill mix in the budget raised concern as it was felt that instead of having qualified health visitors and school nurses with additional training, that healthcare assistants may undertake this role with not as much training. The Panel noted that within the national guidance was clear the importance of school nurses and health visitors in terms of clinical oversight and governance. The right number of qualified staff would be required,
- Improving identification of Special Educational Needs and Disability (SEND) children at the earliest opportunity would be by delivering the 5 mandated contacts the health visitor would carry out. At any point where it was identified that the child wasn't developing as expected, SEND would be identified. With the current provider a lot of work had been undertaken with Parents and Carers with additional needs. Within the new specification a Special Educational Needs and Disabilities champion would be in place.

RESOLVED:

- 1) That the report be noted,
- 2) That Officers be thanked for the comprehensive report and presentation,
- 3) That a report with the number of school nurses along with the schools they were attached to would be provided to the Panel,
- 4) That information on the percentage of children that received the mandatory child measurement programme and vision and hearing screening be provided to the Panel,

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- 5) That feedback from the consultation and engagement process be provided to the Panel,
- 6) That information on how children with Special Educational Needs and Disabilities post 18 will be supported to be provided to the Panel.

8 **Kirklees Safeguarding Adults Board Annual Report 2023/24**

The Panel received a presentation on the Kirklees Safeguarding Adults Board Annual report 2023/24 and the great work that the Kirklees Adult Safeguarding Board undertook.

Robert McGulloch Graham, Chair of Kirklees Adults Safeguarding Board advised that Kirklees Safeguarding Adults Board was a multi-agency statutory partnership which provided leadership and strategic oversight of adult safeguarding work across Kirklees. The Care Act 2014 placed a statutory duty on all Safeguarding Adult Boards in England to produce an annual report on its work for the previous year.

The Annual report explained:

- What the safeguarding adults board had done during the last year to achieve its objectives and its strategic plan,
- What each agency represented on the Board had done during the last year to implement the Board's strategic plan,
- The conclusions and recommendations of each review commissioned under section 44 of the Safeguarding Act which concluded in that year.

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

- The use of case studies and scenarios in the report helped understand the work that was undertaken by the Board,
- That all employees in Adults Safeguarding were required to undertake basic mandatory safeguarding training,
- Vulnerable people were aware of who they should contact regarding safeguarding concerns through services, the Board's role was to ensure that the services were operational and had safeguarding systems in place,
- Kirklees Councillors who had safeguarding concerns should direct these through Kirklees Council Adult Social Care front door in the first instance,
- Councillor Addy offered to circulate contact details to all Kirklees Councillors regarding Adults Safeguarding concerns.

RESOLVED:

- 1) That Officers be thanked for the Kirklees Safeguarding Adults Board Annual Report,
- 2) That Officers consider basic adults safeguarding training be included within new councillor induction,
- 3) That a briefing note with contact details of Adults Safeguarding be distributed to all Kirklees Councillors.

9 **Joint Health Overview and Scrutiny Committee update**

The Panel received an update on the three Joint Health Overview and Scrutiny committees that Kirklees were part of.

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Councillor Elizabeth Smaje updated the Panel on the items that Calderdale and Kirklees Joint Health Scrutiny Committee considered regarding Calderdale and Huddersfield NHS Foundation Trust. The Committee had received an update on negotiations with the Treasury re the reconfiguration, along with an update on the financial situation regarding the new Accident and Emergency in Huddersfield. The outline business case remained with the Treasury for review and approval. Progress had been made regarding the developments at Calderdale Royal Hospital, the Learning and Development Centre was expected to be completed by Summer 2024, with works for the new multi-story car park at Calderdale Hospital had commenced.

The Panel noted that with regards to maternity services across Calderdale and Kirklees, Mid Yorkshire Teaching NHS Trust had now opened the Bronte Birth Centre and were working closely with Calderdale and Huddersfield NHS Foundation Trust to consider expanding the Bronte Birth Centre.

Councillor Smaje explained that West Yorkshire Joint Health Scrutiny Committee had met to consider Non-emergency Patient Transport Services. There was a national eligibility criterion for non-emergency transport service which the Committee considered the mitigations that were being put in place, these included community transport. It was noted that people with a physical mobility or medical needs that prevented them from safely travelling to hospital for appointments would still receive the service.

Councillor Smaje updated the Panel on Older People's Mental Health Inpatient Services Joint Health Scrutiny and advised that was in the final stages of deliberations. It was noted that the Mental Health Trust had made the decision to go ahead with 1A which the Committee was in support of and included an inpatient dementia service located in Dewsbury, with two separate female and male wards. Other older people's inpatient mental health needs were available in Wakefield and Calderdale. A Committee meeting had been arranged to consider workforce planning, business case and implementation planning.

During discussion, the Panel noted that there were not any older people's mental health inpatient places available within Huddersfield or South Kirklees.

RESOLVED: That Councillor Smaje be thanked for the Joint Health Overview and Scrutiny update.

10 **Work Programme 2024/25**

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

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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.



REPORT TITLE: Dental Services Update

Meeting:	Health and Adults Social Care Scrutiny Panel
Date:	9th April 2025
Cabinet Member (if applicable)	Not Applicable
Key Decision Eligible for Call In	Not Applicable
Purpose of Report: To provide members of the Health and Adult Social Care Scrutiny Panel with an update on Dental Services	
<p>Recommendations</p> <ul style="list-style-type: none"> That the Panel considers the information provided and determines if any further information or action is required. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> To provide an update of dental services across Kirklees 	
Resource Implications: Not applicable	
<p>Date signed off by <u>Strategic Director</u> & name</p> <p>Is it also signed off by the Service Director for Finance?</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning?</p>	<p>No- The report has been produced to support the discussion with the Integrated Care Board.</p>

Electoral wards affected: None Specific

Ward councillors consulted: Not Applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. **Executive Summary**

1.1 In April 2023, West Yorkshire Integrated Care Board took on delegated responsibility from NHS England for the commissioning and contracting of all NHS dental services. West Yorkshire Integrated Care Board agreed to deliver their dental commissioning responsibilities via a shared hub arrangement hosted by Humber and North Yorkshire Integrated Care Board and covering South Yorkshire.

1.2 Dental Services commissioned include:

- Primary Care
- Community Dental Services
- Intermediate Minor Oral Surgery
- Orthodontics
- Urgent care
- Secondary care

1.3 While West Yorkshire Integrated Care Board had the remit for commissioning dental services, Local Authorities have statutory responsibilities for oral health improvement, including commissioning evidence based oral health improvement programmed to meet the needs of the local population.

1.4 Details of the current local and national position for dental services and oral health improvements is attached.

2. **Information required to take a decision**

Not Applicable

3. **Implications for the Council**

Not Applicable

3.1 **Working with People**

No specific implications

3.2 **Working with Partners**

No Specific implications

3.3 **Place Based Working**

No specific implications

3.4 **Climate Change and Air Quality**

No specific implications

3.5 **Improving outcomes for children**

No specific implications

3.6 **Financial Implications**

No specific implications

3.7 **Legal Implications**

No specific implications

3.8 **Other (eg Risk, Integrated Impact Assessment or Human Resources)**

No specific implications

4. **Consultation**
No applicable
5. **Engagement**
Not applicable
6. **Options**
Not applicable
- 6.1 **Options considered**
Not applicable
- 6.2 **Reasons for recommended option**
Not applicable
7. **Next steps and timelines**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented.
8. **Contact officer**
Nicola Sylvester – Principal Governance and Democratic Engagement Officer
Nicola.sylvester@kirklees.gov.uk
9. **Background Papers and History of Decisions**
No Applicable
10. **Appendices**
Attached
11. **Service Director responsible**
Samantha Lawton – Service Director, Legal Governance and Commissioning.

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KIRKLEES COUNCIL

Report to: Health and Adults Social Care Scrutiny Panel

Dental Services Update

Executive Summary

NHS West Yorkshire Integrated Care Board (WY ICB) has been responsible for the commissioning and contracting of NHS dental services since April 2023. Approximately two years on, this report sets out a current update on dental services in Kirklees, providing a focus on services and the local and national direction for the future of NHS dentistry.

1. Introduction

- 1.1 In April 2023, WY ICB took on delegated responsibility from NHS England for the commissioning and contracting of all NHS dental services. WY ICB have agreed to deliver their dental commissioning responsibilities via a shared hub arrangement, hosted by Humber and North Yorkshire ICB and also covering South Yorkshire.

Dental services commissioned include:

- Primary Care (generally high street dentistry), accessed by patients directly. Primary care commissioned dental activity is based Units of Dental Activity (UDAs).
- Community Dental Services – primary and specialist dental care for patients who cannot be managed by a primary care practice and who have additional health and/or social care needs. By referral only.
- Intermediate Minor Oral Surgery – by referral from a dentist.
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 2 and 24 hours. This does not include emergency care, which is for dispositions which require a clinical assessment within 2 hours and which can only be provided by the A&E pathway.
- Secondary care – specialist services by referral only.

- 1.2 While WY ICB has the remit for commissioning dental services, Local Authorities have statutory responsibilities for oral health improvement, including commissioning evidence based oral health improvement programmes to meet the needs of the local population.

- 1.3 The purpose of this report is to update members on the current local and national position for dental services and oral health improvement.

2. NHS Dental Services – improving local access

- 2.1 Both nationally and locally, access to NHS dentistry is a challenge with issues identified relating to the national contract itself, workforce gaps, and procurement restrictions, making it difficult to secure new dental provision. It is important to note that dental contracting takes place within the national context and challenges are well-embedded, meaning that WY ICB has many issues to overcome in its aim to improve dental services.

- 2.2 Improving access remains an absolute priority for the ICB and since assuming delegated responsibility for the commissioning and contracting of dental services in April 2023, WY ICB has been working hard to improve dental services for those living in the area. We are building positive relationships with the profession and local dental practices to continue to improve services.
- 2.3 In Kirklees, in 2024/25, the ICB has so far:
- Increased the number of staff in the dental team so that they can work effectively to support local dental providers to secure and stabilise dental services.
 - Developed positive relationships with our Local Dental Committees (LDCs) to seek their input into future developments.
 - Invested non-recurrent funding in various initiatives aimed at improving access and reducing waiting lists, including increasing urgent access appointments and increasing orthodontic appointments.
 - Urgent appointments – 5 practices in Kirklees are offering approximately 18,148 patient appointments throughout the year.
 - Orthodontic practices – 1 site in Kirklees.
 - Homeless Sessions – 1 per week in Kirklees
 - Asylum and Refugee Sessions – 2 per week in Kirklees
 - Domiciliary Sessions – 1 practice in Kirklees
 - Child 0-17 Sessions – 2 per week in Kirklees
 - Safe Discharge for Cancer and bisphosphonate patients.
- 2.4 In addition to the above investments into improving dental access, the ICB has also committed to continuing with its approach to 'flexible commissioning' which enables dental practices to work differently and to prioritise access for the most vulnerable. Through offering community outreach sessions and dedicated clinical appointments, 'flexible commissioning' practices are able to focus on both prevention and treatment. There are currently 12 flexible commissioning practices in Kirklees. WY ICB has recently sought expressions of interest from dental practices with the aim of refreshing and extending the flexible scheme to other practices across the region. 14 practices in Kirklees have applied to start in 2025/26.
- 2.5 The ICB has also invited practices to deliver up to 10% additional activity, beyond their usual contract terms. This incentive encourages practices to work above and beyond contracted levels, with the assurance that the ICB will pay for this increase in activity. 6 practices across Kirklees have applied and are currently working toward over-delivery. The results will be known in 2025/26.
- 2.6 Finally, the ICB has been working hard in planning to transform the delivery of Community Dental Services. Community Dental Services (CDS) provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services.

- 2.7 Locala Community Partnerships CIC provide the Community Dental Services (CDS) within the Kirklees locality. The aim of the CDS is to improve the oral health and reduce the oral health inequalities of people in Yorkshire and the Humber who have a physical, sensory, intellectual, mental, medical, psychological and/or emotional or social impairment or disability, or more often a combination of these through:
- Providing high quality consultant-led paediatric and special care dentistry to children and adults; this will include children with more complex dental needs.
 - Providing high quality dental care to people from vulnerable groups whose needs may not be accommodated in NHS general dental services.
- 2.8 Services are currently provided from multiple sites around Kirklees including Huddersfield Royal Infirmary and Dewsbury District Hospital.
- 2.9 A service review of Yorkshire and Humber CDS commenced in February 2022, which set out key recommendations to inform discussions relating to future service design, including commissioning intentions for paediatric GA services and other pathway approaches.
- 2.10 In West Yorkshire the four current Community Dental Services as well as Clarendon Paediatric Service will move to working under a lead provider model as from April 2025. Kirklees, currently provided by Locala health and Wellbeing will form part of the collaboration Bradford Community Dental Service will host all current providers by subcontracted arrangements allowing for innovation, integration and sharing of resources across the whole of West Yorkshire. This fully staffed consultant led service will serve the population of Kirklees and surrounding areas within West Yorkshire.

3. Understanding Oral Health Needs Across Yorkshire and Humber

- 3.1 Given the current challenges, and the need to prioritise urgent dental care where it is most needed, further work has taken place to review and assess the oral health needs of the Yorkshire and Humber population. This report provides an update on the headline information from this recent work, including details of hospital dental extractions in children aged from 0-19 which is a predictor of decay in later life and can help to support future planning of dental services.
- 3.2 An Oral Health Needs Assessment (Y&tH) was completed in May 2022. The purpose of this work was to help understand the oral health inequalities across Y&tH and the evidence base. This helps inform the principles that underpin strategy and work programme development, address inequalities and meet population need and demand. In summary, headline information includes:
- 3.3 In 2019, 31.2% of 5-year-olds in Kirklees had experience of tooth decay (one or more decayed, missing or filled teeth), which was higher than the national average (23.4%), and slightly lower than the Y&tH average (28.7%). (Ref: 2019 National Dental Epidemiology Survey of 5-year-old school children).

4. Responding the Panel's areas of interest

In particular, the Panel have asked for an update relating to the following areas which are addressed here.

4.1 The present position on Adults and Childhood dentistry regarding appointments and availability

The latest data regarding dental activity delivery rate shows that practices in West Yorkshire on average are delivering 86.2% of contracted activity, compared to an England average of 83.3%. This is lower than we would like and we're working hard with practices to improve access and delivery of dental appointments.

4.2 Waiting list positions for dental appointments

Patients often think that they are registered with a dental practice in the same way that they are registered with a GP, however, this is not the case. GP practices contracts are based on patient lists, but dental practices are contracted to delivery activity. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

This means that any waiting lists for primary care dentistry are managed at local practice level, and there is no central waiting list for dental care, and no data available to report on this.

www.nhs.uk is the digital platform, which supports patients to navigate the healthcare system. Dental practices are asked to keep their profile page up to date. Any new contracts, or contract variations, NHS England agrees with providers, across Yorkshire and the Humber, includes this as a compulsory deliverable. NHS England does not keep records of practices who are accepting new patients.

4.3 Current position of regular attendance at dentists

We track data on the proportion of adults who have seen an NHS dentist in the last 24 months and the proportion of children who have seen an NHS dentist in the last 12 months in West Yorkshire. For the whole ICB, the most recent data shows adult access rates of 43.3% and children access rates of 59.7%. West Yorkshire is in the best quintile for England across both of these rates, and recent trend is that these rates are increasing.

Adult patients seen in the last 24 months and child patients seen in the last 12 months by an NHS dentist as a percentage of the population for Kirklees up to 30th June 2023 for Kirklees was 54.3% and 62.6%, (England 43% and 55.8%)¹

4.4 An update on the surgical situation for extractions (Children)

Data² between 2022-2023 relating to Hospital tooth extractions in 0 to 19 year olds in England revealed:

- Tooth decay was still the most common reason for hospital admission in children aged between 5 and 9 years
- There has been a 17% increase in the number of episodes of decay-related tooth extractions in hospital for 0 to 19 year olds compared to the previous financial year of 2021 to 2022. This increase is likely to reflect a continuing recovery of hospital services following the COVID-19 pandemic.
- There were variations in decay-related tooth extraction episode rates across the regions with the highest rates occurring in Yorkshire and the Humber (405 per

¹ From NHS Digital data

² Please note: from <https://www.gov.uk/government/publications/analysis-of-tooth-extractions-in-hospital-methods-and-data-quality/data-quality-and-disclosure-control-for-hospital-based-tooth-extraction-data>
Data quality statement:

No assumptions can be made about the method of anaesthesia provided for these procedures, but it is likely that the majority of episodes involved general anaesthetic. It is possible that different clinical coding protocols are applied in some sites and this could explain some of the variation in different geographical areas.

100,000 population of 0 to 19 year olds), compared with England (236 per 100,000 population of 0 to 19 year olds)

- For Kirklees hospital decay-related tooth extraction episode rates between 2022-2023 were 165.2 per 100,000 population of 0-19 year olds

Kirklees has a higher proportion of highly deprived LSOAs compared to the national average.³ Deprivation is strongly correlated with experience of dental disease for both children and adults.

The prevalence of chronic conditions (CVD, diabetes) is higher than the national rates. These conditions share common risk factors (tobacco, and sugar and alcohol consumption) with oral diseases⁴.

5. National incentives and programmes

5.1 The local initiatives described above are delivered by WY ICB in order to meet the local needs and priorities of those living in the area. In addition, there are also a range of national initiatives focused on improving access to NHS dentistry. Largely introduced by the previous Conservative government, these national schemes which have been implemented across West Yorkshire include:

- Enhanced rate of pay to see new patients. The new patient premium aims to encourage dental practices to see patients who have not been to a dentist in the past 2 years. Nationally, this programme is being evaluated to determine the impact of the scheme and we are awaiting data.
- Increase to the minimum tariff for units of dental activity (UDA) to £28 in the 2024/25 financial year. Already the average UDA tariff in Yorkshire in Humber is £34.31
- The "Golden Hello" recruitment incentives
- Maintaining the ring-fence on dental budgets so that funding for dental services remains in place and focused on improving dental access.

5.2 Since these national changes were introduced, the Labour Government is now in place. They are continuing with the previous plans and have set new priorities to focus on:

- Urgent Access appointments with 700,000 new slots expected nationally
- Prevention schemes such as supervised toothbrushing
- Full dental contract reform.

5.3 To support our plans for improving access to dental services WY ICB is also offering workforce initiatives and pilots aimed at recruiting and retaining dentists in the area. Similar to other healthcare professions, dental services face a number of recruitment challenges. Recent data from NHS dental workforce data 2024 revealed for West Yorkshire ICB reveals that there are 1052 general dentists of which 72% are working as full-time equivalents within the NHS.⁵

5.4 As part of national government guidance, WY ICB has approved 13 applications for 'golden hello' recruitment incentive schemes, of which 2 are based in Kirklees. These practices were selected based on eligibility criteria as per the national guidance and a local process panel review, considering hard to recruit areas, areas of high deprivation and areas of low dental access for the population.

³ Kirklees Joint Strategic Assessment (KJSA) | Kirklees Council

⁴ Public Health Profiles, OHID March 2023 Public health profiles - OHID (phe.org.uk)

⁵ Up to date NHS dental workforce data is available here <https://www.england.nhs.uk/statistics/statistical-work-areas/dental-workforce/>

- 5.5 The ICB dental team works closely with regional NHS England colleagues. Data on impact, such as those seen through the new patient premium and golden hellos are being developed nationally and will be shared through the group for further learning, sharing and implementation as appropriate.
- 5.6 In addition to commissioning NHS dental services, both the ICB and local authorities play a role in public health initiatives for oral health and wider population health priorities.

6. Oral Health Improvement at Place

- 6.1 Kirklees Council, along with the other Local Authorities in West Yorkshire, has received funding from West Yorkshire ICB to improve oral health. Locally this work involves 2 separate, but interrelated, projects:
- 1) **Locala Community Dental Service** – working to establish supervised toothbrushing schemes in early years settings in the 20% most deprived wards and supporting the implementation of healthy food and drink policies within those settings.
 - 2) **Fresh Futures** – developing a wider community element via Community Champions, volunteers, and VCS workforce. Using community conversations and contacts to increase awareness, knowledge and understanding around oral health improvement and associated healthy eating and drinking key messages, as well as facilitating the distribution of toothbrush and toothpaste packs through partner organisations.
- 6.2 Examples of other wider work:
- Public Health Starting Well** – have developed an e-learning module around healthy eating including oral health which is available to upskill the local workforce.
- HomeStart Kirklees** – as part of the young parent's service carry out regular oral health intervention and information sessions; they also incorporate oral health information and support into their core offer and their school readiness activities
- Locala Community Dental Service** - Provide a referral scheme for eligible children and adults who cannot access general dental services.
- Locala 0-19 Practitioners** – have discussions about oral health with families as part of mandated contacts and have also produced a range of specific videos around oral health which are shared via SMS with families from 20 weeks to 7 years.
- Early Years settings** - All settings should be promoting good oral hygiene in line with the EYFS requirements
- Auntie Pam's** - Support families holistically which includes oral health and healthy eating key messages and signposting as needed
- Annual epidemiological survey** - ongoing conversations about commissioning this survey at a West Yorkshire level

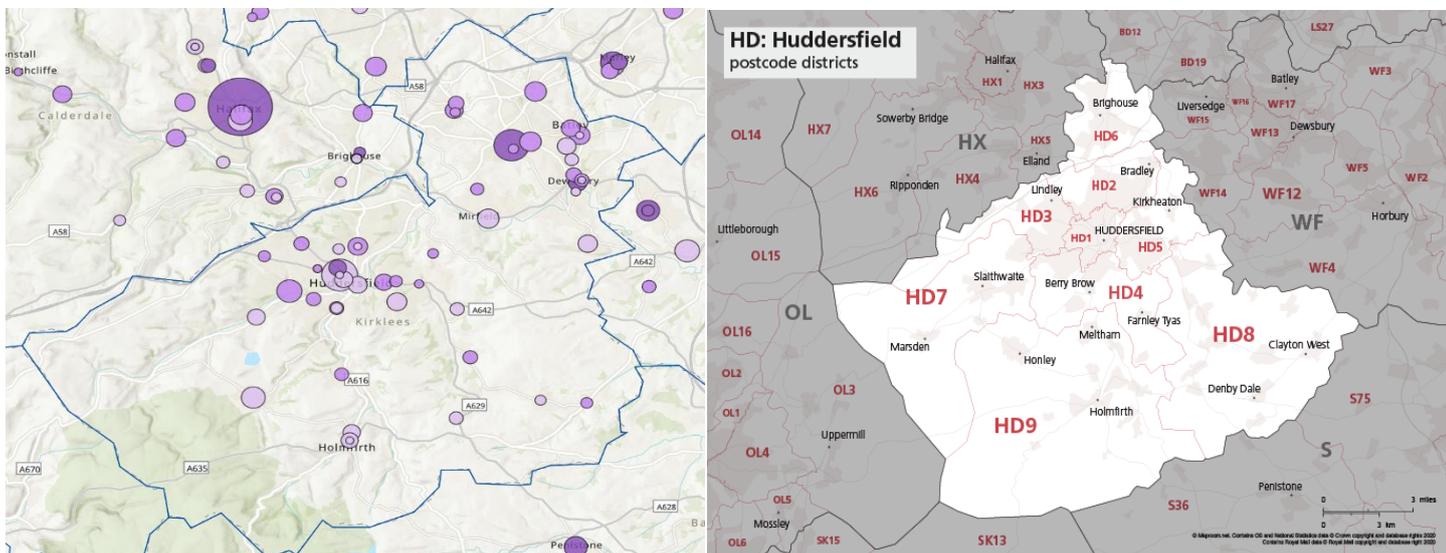
7. Conclusion

- 7.1 Overall, NHS dental services remains a complex and challenging area however, WY ICB, in partnership with local authority colleagues and dental providers, is working to bring about improvements. A revised focus on improving access to dental treatment through an increase in appointments, combined with a focus on workforce initiatives and preventative programmes via local schools will help to bring about positive changes.
- 7.2 Data set out in Appendix shows the impact of some of this work, with access for children and adults across West Yorkshire being better than the England average.
- 7.3 Together, working in partnership with local authorities and our dental providers, West Yorkshire ICB is positive that they can continue to invest in dental services and to improve access to dental treatment for its residents.

Alyson Corns
Primary Care Programme Lead – West Yorkshire Dental
Martin Ramsdale
Consultant in Public Health
Humber and North Yorkshire Integrated Care Board

Appendix: Data

a) Distribution of dental contracts across Kirklees West Yorkshire Based on data from SCW Geospatial services



Postcodes	Number of providers
HD1	11
HD2	1
HD3	3
HD4	1
HD5	5
HD6	1
HD7	1
HD8	5
HD9	4
WF12	3
WF13	4
WF14	2
WF16	3
WF17	4
BD19	3

b) Units of dental activity (UDA) per capita

Based on data [Kirklees-Single-Years-of-age-2001-2023.xls](#)

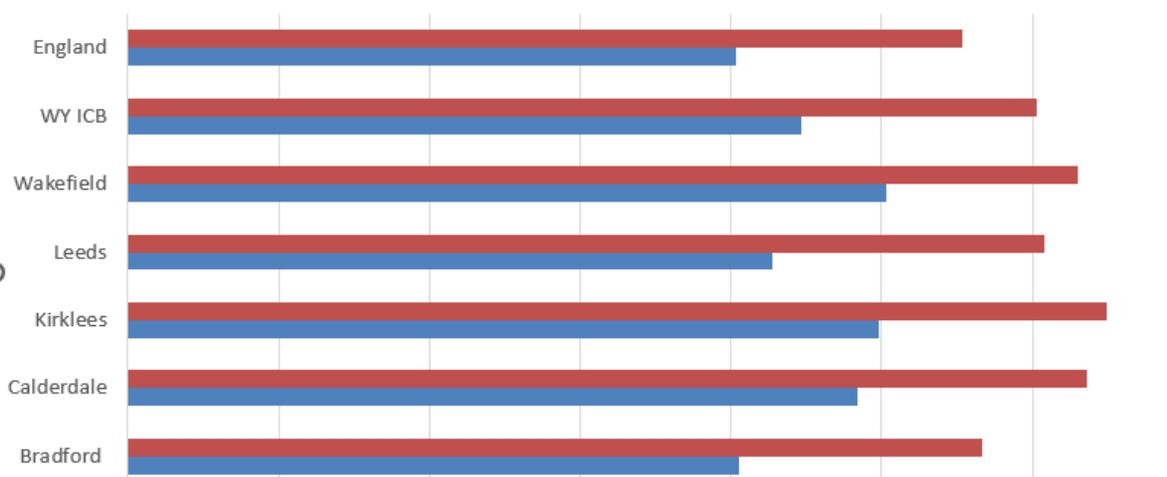
Population	UDAs	UDAs per capita
442,033	727628	1.65

Please note that UDAs do not equate to numbers of patients and instead are linked to the type of dental treatment provided, based on the NHS Bands:

Band	UDA value	Example of treatment
1	1	Examination, assessment and advice; scale and polish
2	3 - 7	Fillings or tooth extractions
3	12	Bridges, crowns, dentures

Unlike other medical services, such as GP practices, dental services are not commissioned for every resident as there are a number of people who choose to receive private dental treatment. In 2020, across the England, 0.77 UDAs per capita were commissioned.

Adult patients seen in the previous 24 months and child patients seen by an NHS dentist within the previous 12 months by end March 2024 by local authority area, West Yorkshire ICB and England



Source: [Dental statistics – England 2023/24 | NHSBSA](#)

Of particular note:

- Access rates for adults seen by an NHS dentist in the previous 24 months by end March 2024 relating for Kirklees are higher than that for England and West Yorkshire ICB (WY ICB).
- Access rates for children seen by an NHS dentist in the previous 12 months by end March 2024 relating for Kirklees are higher than that for England and West Yorkshire ICB (WY ICB).
- Access rates for both adults and children, for the time period above in West Yorkshire ICB are above England averages.

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Councillor Jo Lawson (Lead Member), Councillor Beverly Addy, Councillor Gwen Lowe, Councillor Alison Munro, Councillor Tim Bamforth, Helen Clay (Co-optee), Kim Taylor (Co-optee).

SUPPORT: Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Services provided from Hospital to Home in Kirklees</p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • Access to services of adult’s social care to include: <ul style="list-style-type: none"> - Discharge care packages from hospital - Occupational Therapist assessments - Physio waiting times - Carers accessing support - Respite care 	<p>Panel meeting 27th November 2024</p> <p>Officers from Adults Social Services provided information and assurance on how Adults Social Care were supporting hospital discharges across CHFT and MYTT through different pathways and working with multi agencies. The Panel was informed that acute trusts operated an Opel level, when the Opel level was at 4 this was where the trusts described where there were pressures, and Kirklees Council responded appropriately. Opel 4 at the time of the meeting was due to an outbreak on wards which meant no one could be discharged until the outbreak was finished.</p> <p>The Panel requested the percentage of patients on pathway 1 who had been re-admitted to hospital and that the Lead Member be updated when the Opel level was at level 4 for a consistent length of time.</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 services under pressure and to assess progress against data received by the Panel previously to include: • 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>Panel meeting 09th October 2024</p> <p>Representatives from Kirklees Health and Care Partnership and Kirklees Council provided an update on demand and recovery of planned care across Kirklees which included the focus of the work being done across Kirklees core providers to manage capacity and demand and catch up with delayed planned surgery, therapeutics and diagnostics</p> <p>The Panel noted that a community diagnostic hub was to be opening at Huddersfield University Campus to help with backlogs along with noting the workforce gaps of consultants across MYTT and CHFT.</p> <p>The Panel requested a visit to the community diagnostic hub.</p>
<p>3. Communities Accessing Care</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. • The impact and uptake of pharmacy service to prescribe. • Access to GP services and hospital referrals. • The uptake of vaccination programmes. 	<p>Panel meeting 09th October 2024</p> <p>Representatives from Kirklees Health and Care Partnership and Kirklees Council provided an update on the continued work of health services in the community.</p> <p>The panel noted the 9 PCN’s which were a group of general practices that aligned key services across the community, including the local authority, voluntary and pharmacy sectors along with actions and initiatives for</p>

	<ul style="list-style-type: none"> An update to the work being done by the local authority and Locala on providing reablement support, including the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home. 	reablement support for hospital avoidance and provide the appropriate level of care and support at, or closer to home.
4. Mental Health and Wellbeing	<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"> Work being undertaken by Kirklees Local Offer for Adults Mental Health 	<p>Panel meeting 21st August 2024</p> <p>Representatives from Kirklees Health and Care Partnership, Kirklees Council and Southwest Yorkshire Partnership Foundation Trust provided an update on the Kirklees Health and Wellbeing strategy.</p> <p>The Panel noted that the Integrated Care Board would provide Z cards in Sept/Oct 24 that could be circulated to members, and proposed an action through the Mental Health Alliance on how the service received wider communication with the voluntary sector.</p>
5. JHOSC Update	<p>To receive an update from JHOSC's on the following services:</p> <p>Maternity – Calderdale & Kirklees</p> <ul style="list-style-type: none"> Feedback on the reopening of the Bronte centre An update to the reopening of the Huddersfield centre Birth data for women who live within a Huddersfield postcode and give birth in Calderdale along with women with a Dewsbury postcode who give birth in Calderdale <p>Mental Health – Calderdale, Kirklees and Wakefield</p> <ul style="list-style-type: none"> An update on access to inpatient services including the proposals for transforming Older People's Mental Health Inpatient services. 	<p>Panel meeting 26th February 2025</p> <p>Councillor Smaje provided an update on the three Joint Health Overview and Scrutiny Committees that Kirklees were part of.</p> <p>The Panel noted that the Bronte Birth Centre at Mid Yorkshire Teaching Trust had re-opened and they were working with Calderdale and Huddersfield NHS Trust to consider expanding the Bronte birth centre.</p>

	<ul style="list-style-type: none"> – West Yorkshire • Non-Emergency Patient Transport 	<p>The mental health trust had made the decision to go ahead with 1A of the consultation which was for an inpatient dementia service located in Dewsbury with two separate male and female wards which the Scrutiny panel supported. The Panel noted that other older people's inpatient mental health needs were available in Wakefield and Calderdale.</p> <p>Non-emergency patient transport services were an area that the West Yorkshire Joint Scrutiny Panel had recently considered. There was a national eligibility criterion for non-emergency transport services, mitigations that were to be put in place which included community transport had been considered by the Committee. The Panel noted that people with a physical mobility or medical needs that prevented them from safely travelling to hospital for appointments would still receive non-emergency patient transport services.</p>
<p>6. Care Quality Commission (CQC)</p>	<ul style="list-style-type: none"> • Receive a presentation from the CQC on the State of Care of regulated services across Kirklees. • 	<p>Panel meeting 10th July 2024</p> <p>Representatives from the CQC presented details on the work undertaken in relation to the single assessment process that had started for all registered providers along with an approach to implement the new changes.</p> <p>The panel were concerned regarding timescales set by the central hub, or initial assessments, or how long a service could go</p>

		<p>without receiving an inspection. The Panel invited the CQC to attend the scrutiny Panel in January 2025 to provide a further update on the service.</p> <p>The local CQC advised that Scrutiny was not a requirement, and due to resources they would only attend scrutiny once a year.</p>
<p>7. Kirklees Safeguarding Adults Board (KSAB) and the</p>	<ul style="list-style-type: none"> To receive and consider the KSAB Annual Report 2023/24 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest. 	<p>Panel Meeting 26th February 2025</p> <p>The Panel heard from the Independent KSAB Chair who provided an update of the great work that the Kirklees Adults Safeguarding Board undertook. The Annual report explained what the safeguarding Adults Board had done to achieve its objectives and its Strategic Plan. What each agency represented on the Board had done to implement the Board’s strategic Plan and the conclusions and recommendations of each review commissioned under section 44 of the Safeguarding Act which concluded in the year.</p> <p>The Panel was satisfied with the work that had taken place by KSAB in 2023-24 and recommended to officers that basic Adults Safeguarding training be included within new councillor induction and a briefing note be circulated to all Councillors with contact details of adults safeguarding team.</p>

8. 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"> • An understanding of the inspection process. • Assurances are in place to manage the inspection. • Learnings from the children’s inspection. • Outcome of the inspection that has taken place. 	
9. 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 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. 	<p>Panel meeting 21st August 2024</p> <p>Representatives from the Calderdale and Huddersfield NHS Foundations Trust and Mid Yorkshire Teaching NHS Trust provided an update on collaboration and partnership working. Current working areas included non-surgical oncology, community diagnostic centres, a strategic maternity partnership and shared leadership on digital services.</p> <p>The Panel noted the commitments from partners in continuing to work jointly across both trusts.</p>
Access to Dentistry (Kirklees issues)	<p>To continue the focus on specific issues affecting dentistry across Kirklees to include:</p> <ul style="list-style-type: none"> • An update from the West Yorkshire Care Board on availability of appointments across Kirklees • The current situation on regular attendance at dentists • An update on surgical dental extractions for children • Waiting list positions • Imbalance in dental services across Kirklees Council • Health inequalities across Kirklees 	

Healthy Child Programme

To receive an overview of the Health Child Programme and background to the HCP contract which includes the competitive tender process and governance flightpath.

Panel meeting 26th February 2025

Officers from Public Health provided an overview of the Healthy Child Programme along with the background of the HCP contract which would be for 5 years with an option to extend for a further 5 years.

The HCP was a national, evidenced based Public Health initiative aimed at improving the health and well-being of children and young people from the antenatal period to age 19 (25 for SEND) which was a mandated service to provide. In Feb 24, a provider selection regime decision report was approved at the public health and corporate resources SLT to commence a competitive tender process for the re-procurement of the HCP service.

The Panel requested further information on the following:

- The number of school nurses in the HCP, along with the number of schools they were attached to,
- The percentage of children that currently received the mandatory child measurement programme and vision and hearing screenings,
- Feedback from the consultation and engagement process,
- Information on how children with SEND post 18 would be supported.

<p>NHS 10 Year plan</p>	<p>To consider the NHS's 10 year health plan to build a health service fit for the future</p>	<p>Panel meeting 27th November 2024</p> <p>Officers from Adults Social Care provided an update to the 10 year NHS Health plan which the government was working to develop a plan to tackle the challenges co-developing with the public, staff and patients through a detailed engagement exercise. A consultation to hear organisations view was ongoing to ensure views and experiences could be shared.</p> <p>The panel noted that regarding technology in health and care, within Kirklees footprint there would be a community diagnostic hub on the university campus from 2025.</p>
<p>Health System Financial Overview</p>	<p>To consider the Health System Financial Overview with 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>	<p>Panel meeting 27th November 2024</p> <p>Representatives from CHFT and ICB provided an overview of the financial performance management which advised that Kirklees ICB, CHFT and MYTT had planned overspend. To deliver the overspend it was assumed that partners were able to deliver savings. At month 7, Kirklees ICB and CHFT were forecasting they would meet their plans, but MYTT flagged that their plans would not be deliverable up to the total of £15m for the year.</p>

		<p>The panel noted that all organisations had tight vacancy controls, with each organisation implementing quality impact assessments to ensure there were no adverse clinical impact and that bed occupancy was a challenge nationwide. There was a national challenge for the pay award from band 2 to band 3 with a lack of clarity around how far back the pay award should go.</p>
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Golden Threads: Workforce recruitment and retention.
Performance data to be included where appropriate to inform the individual strands of work.
Reducing Inequalities.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2024/25**

MEETING DATE	ITEMS FOR DISCUSSION
10 July 2024	1. CQC state of Care
21 August 2024	1. Joined up Hospital Services 2. Mental Health and Wellbeing
09 October 2024	1. Communities Accessing Care 2. Capacity and Demand – Kirklees Health and Adults Social Care System
27 November 2024	1. Service provided from Hospital to Home in Kirklees 2. NHS 10-year plan 3. Financial position of the local health and social care system
22 January 2025	1. Access to Dentistry (Children's Scrutiny to join) moved to April meeting 2. CQC State of Care CANCELLED
26 February 2025	1. Healthy Child Programme (Children's Scrutiny to join) 2. Kirklees Safeguarding Adults Board Annual Report 3. Update from JHOSC's
09 April 2025	1. Access to Dentistry (Children's Scrutiny to join) 2. Kirklees CQC Inspection

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

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