

Contact Officer: Yolande Myers or Laura Murphy

## **KIRKLEES COUNCIL**

### **WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Thursday 23rd November 2023**

Present:

- Councillor Elizabeth Smaje (Chair)
- Councillor Colin Hutchinson - Calderdale Council
- Councillor Beverley Addy
- Councillor Caroline Anderson - Leeds Council
- Councillor Andrew Scopes - Leeds Council
- Councillor - Rizwana Jamil - Bradford Council
- Councillor Allison Coates - Bradford Council
- Councillor Howard Blagbrough - Calderdale Council
- Councillor Andrew Lee - North Yorkshire County Council
- Councillor Andy Solloway - North Yorkshire County Council
- Councillor Betty Rhodes - Wakefield Council
- Councillor Kevin Swift - Wakefield Council

**1 Membership of the Committee**

All Member were present.

**2 Minutes of Previous Meeting**

The minutes of the meeting held on 10 August 2023 were approved as a correct record.

**3 Declaration of Interests**

No interests were declared.

**4 Admission of the Public**

All items were considered in public.

**5 Deputations/Petitions**

No deputations or petition were received.

**6 Public Question Time**

No questions were asked.

**7 West Yorkshire Urgent Care Service Review Introduction**

The Committee heard that the West Yorkshire Urgent and Emergency Care (UEC) Programme recently carried out a refresh to establish priorities which reflected both the strategic intention of the West Yorkshire Integrated Care Board (ICB), and national guidance such as the 'Delivery Plan for the Recovery of Urgent and Emergency Services'. One of the identified priorities was to carry out a review of the West Yorkshire Urgent Care (WYUC) Service.

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The contract and services within WYUC had grown organically throughout the length of the contract. The service review would provide an opportunity to explore potential opportunities, improve efficiencies and make changes to benefit local people.

Jon Parnaby, the Urgent Care lead from the Mid Yorkshire Trust but speaking on behalf of West Yorkshire ICB presented his report. The Committee noted that this was a service review, not a contract review and not a provider review. The contract started ten years ago for GP out of hours emergency service, and it had grown organically since then.

The Committee was advised that the contract value was £28m and this was the first time that this service had been reviewed. It was also the first review of this type being undertaken by West Yorkshire ICB.

The Committee noted that the review had been broken down into three workstreams:

- Workstream 1 - GP Out of Hours Services
- Workstream 2 – Clinical Advice Service
- Workstream 3 – Everything else that has been added to urgent treatment services such as staff training in Leeds and Safe Haven in Calderdale and Kirklees.

The Committee heard that the aim was to have completed the review by March 2024. The approach adopted was to develop a service development improvement plan, which allowed for further discussion within the new contract period.

In response to a question around the timelines for the service improvement plan, and what went into the new contract, particularly as the new contract came into force on 1 April 2024, the ICB advised that the service development plan would be to review the service, to enable them to identify what needed to be improved.

The Committee was concerned that the ICB would be contracting the provider itself to complete the review and it therefore questioned how the commissioners would hold the provider to account. The response from the ICB was that monthly contract meetings would take place to consider the review progress.

The Committee asked how it could fit in the scrutiny of the review given the timescale as outlined in Appendix 3 of the considered report and assure itself of the quality of the service provided. The ICB responded that there had been engagement and that this was not a case of contracting for a brand-new specification but one of improving the services.

In order to understand why Safe Haven might be taken out of the contract and given the drive to divert people away from Emergency Departments, the Committee asked where it could find evidence of how effective the services were. The Committee was advised that the data around this issue was contained within the contract meetings. The Committee therefore felt that it did not have the information available to it to make any recommendations on the review.

**RESOLVED –**

- 1) That practitioners and officers be thanked for their attendance and information.
- 2) That Committee Chair and Deputy Chair have further discussions on the issue.
- 3) That Members should consider whether there should be more discussion at place-based overview and scrutiny committees.

**8 Dentistry and Oral Health in West Yorkshire**

The Committee welcomed Hayden Ridsdale, Strategy and Partnerships Programme Manager, NHS West Yorkshire Integrated Care Board to the meeting.

It was noted that on 1 April 2023 WY Integrated Care Board (ICB) received the delegation of commissioning responsibility for dental services from NHS England

Access to NHS dental services and the general state of oral health continued to be a key challenge and concerned members of the public and elected officials alike.

The challenges within the dental system included:

- The national dental contract. The contract was based on Units of Dental Activity (UDAs), which varied widely across West Yorkshire, meaning dentists were paid differently for the same activity, and failed to deliver targeted interventions, prevention and in some cases value for the clinical complexity treated by dentists.
- Dental workforce capacity and morale had been impacted by the COVID-19 pandemic as well as wider factors borne out of the contract.
- Capacity of the dental commissioning team, limiting ability to execute their functions, transform services and support the profession to deliver access.
- Increasing patient need, complexity, and demand for dental services, resulting in part from the inability to access services.
- Limitations in data access and quality that would enable more targeted transformation, service design, commissioning, and prevention work.

Mr Ridsdale advised the Committee that the ICB Board had agreed recommendations to address the challenges including:

- £6.5m additional investment to improve access, including an 'at risk' projection of £4.5m contract under delivery, which helped to plan using resources proactively.
- Increasing the flexible commissioning substitution to 25% of the contract value and engaging more practices in the programme.
- The development of a West Yorkshire dental workforce plan.
- Working with local authority partners on a life-course approach to prevention, data/measurement priorities and water fluoridation and more.
- Increasing the capacity of the dental commissioning team

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The Committee queried why some commissioning powers had been transferred to the ICB, and asked what the extent of the ICB's commission powers were. The Committee wanted to understand what the capacity was in local areas, and how it would be possible to get more services in the areas that needed them. It was noted that the issue of fluoridation was also one that the Committee would welcome more information about.

In response the Committee heard that contract reform sat at a national level, with contract reform not happening fast enough. The Committee noted however that the ICB could work with 25% of the contract to introduce flexible commissioning and this would result in a real difference.

Mr Ridsdale agreed to share a heat map of access area by area. In relation to fluoridation the wealth of scientific evidence clearly showed benefit with no evidence that it was harmful. It was noted that from a public health perspective the evidence in favour of fluoridation was overwhelming, but the challenge was around personal choice and a perception of mass medication with very polarised positions on this. The move to central decision making on fluoridation was positive, but the difficulty was around managing public opinion versus the evidence base.

The Committee commented that the paper regarding dentistry, discussed at the ICB in May, was really impressive and gave energy and a sense of direction. However, Members noted that Calderdale had been unable to secure a provider for oral needs assessment and questioned what could be done about that. The Committee sought to understand what tools were available to the ICB to boost provision.

The Committee also noted that oral cancers had a very high mortality rate, and so questioned whether this should be given greater emphasis.

The Committee was advised that the challenges were nationally around the resourcing surveys, and the capacity of staff to deliver surveys, with an immediate resolution to this not being available. The ICB was working with British Association for the Study of Community Dentistry (BASCOD) to improve the situation, with evidence from the heat maps being used.

The Committee was informed that additional revenue, along with the flexible commissioning could make a real difference. However, the data picture was patchy and bleak, particularly in relation to health inequalities. Better alignment to integrate services would improve the situation, for example aligning dentistry with smoking cessation.

It was noted by the Committee that an oral cancer check was integral to any dental examination and that a pilot for two week route for patients who had suspected lesions would start soon wherein an image of the lesions taken by the dentist would be sent to the Leeds Dental Hospital for them to screen.

It was reiterated that the dental contract was the main cause of difficulties with it only paying for 52% of people to receive NHS treatment but that work on flexible commissioning and urgent care would open doors for some people.

The ICB explained that it was developing a plan and could share that at a later date. The Committee explained that it would find six-weekly updates on progress on the plan helpful.

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The Committee felt that progress in this area was not fast enough and there was a need to strengthen communication. The response to the Committee was that dentistry remained a top priority and it was acknowledged that communication could be improved. There was a real need to see contract reform and fluoridation of the water. The Committee commented that to reinforce the issue in relation to the dental contracts, a letter should be sent to the Government regarding the need for dental contract reform.

A representative from Healthwatch commented that the five places in West Yorkshire had oral health groups working alongside public health, and Healthwatch itself was involved at the ICB level. Healthwatch had noted that the number of phone calls about dentistry in Leeds was reducing, partly because the Healthwatch website gave more information.

Healthwatch advised that since the ICB took responsibility in April there had been a positive “can-do” approach. However, it was agreed that some things could only be done nationally, particularly around the contract where there was all-party support for making changes, but nothing had been achieved.

The Committee heard that workforce continued to be an important issue, as there were not enough dentists working within the NHS. The funding available only allowed half the population to access NHS dental care. Healthwatch advised the Committee that all four national medical officers (England, Scotland, Wales, Northern Ireland) had strongly recommended fluoridation. The Committee welcomed the progress that had been achieved.

### **RESOLVED –**

- 1) That practitioners, officers and Healthwatch be thanked for their attendance and information.
- 2) That further information should be provided to the Committee around (i) the timeframes for ongoing plan (ii) the hotspots data (iii) progress being made on increasing communication and (iv) the workforce plans.
- 3) That six weekly updates on progress on the vision and plans for the future be circulated to members.
- 4) That a further discussion on fluoridation be scheduled for the Committee.
- 5) That the chair and the deputy chair write to the Government to request progress on reform of the national dental contract.

## **9 West Yorkshire Winter Planning 2023/24**

The Committee heard that the West Yorkshire Urgent and Emergency Care (UEC) Programme recently carried out a refresh to establish priorities which reflected both the strategic intention of the West Yorkshire Integrated Care Board (ICB), and national guidance such as the ‘Delivery Plan for the Recovery of Urgent and Emergency Services’. One of the identified priorities was to carry out a review of the West Yorkshire Urgent Care (WYUC) Service.

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potential opportunities, improve efficiencies and make changes to benefit local people.

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