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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30TH JULY 2018

SUPPLEMENTARY PACK

Agenda Item 6 – Minutes of the meeting held 28th November 2017

Agenda Item 11 “Access to Dentistry” – additional information regarding the Dental Care Pathway – commissioning of dental services in Yorkshire and the Humber

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WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 28TH NOVEMBER, 2017

PRESENT: Councillor H Hayden in the Chair

Councillors A Evans, B Flynn,
V Greenwood and E Smaje

27 **Late Items**

Supplementary information received from *Calderdale and Kirklees 999 Call for the NHS* in relation to Item 7 – Correspondence Received. (minute 31 refers).

28 **Declaration of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interest made at the meeting.

29 **Apologies for Absence and Notification of Substitutes**

Apologies for the meeting were recorded as follows:

- Councillor Stephen Baines (MBE), Calderdale Council
- Councillor Yvonne Crew, Wakefield Council
- Councillor Mike Gibbons, Bradford Council
- Councillor Judith Hughes, Kirklees Council
- Councillor Betty Rhodes, Wakefield Council

There were no substitute members in attendance.

It was also noted that, although not a formal member of the Joint Committee, Councillor Jim Clark (North Yorkshire County Council) had sent his apologies for the meeting.

30 **RESOLVED** – That the apologies recorded at the meeting be noted. **Minutes - 24 March 2017**

RESOLVED –

- (a) The draft minutes from the meeting held on 24 March 2017, as presented, be agreed as an accurate record.
- (b) That in relation to Minute 24, a further report outlining measure to improve access to dentistry across West Yorkshire be presented to the next meeting of the Joint Committee.

31 **Correspondence Received**

The Principal Scrutiny Adviser introduced a report from Leeds City Council's Head of Governance and Scrutiny Support that presented a range of correspondence received in relation to the work of the West Yorkshire Joint Health Overview and Scrutiny Committee.

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The following representatives were in attendance and addressed the Joint Committee.

- Jenny Shepherd – Chair, Calderdale and Kirklees 999 Call for the NHS
- Christine Hyde – Chair, North Kirklees Support the NHS

The Joint Committee considered the information provided and presented at the meeting, commenting that individual local health overview and scrutiny committees continued to review and scrutinise local developments and proposals and how these may impact on the public and patients in those local areas.

It was highlighted that the role of the Joint Committee was to maintain an overview of issues across the West Yorkshire and Harrogate Sustainability and Transformation Partnership.

RESOLVED –

That the information presented in the report and provided at the meeting be noted.

At the conclusion of the item, the Chair thanked the representative for their attendance and the interest shown in the Joint Committee's work.

32 West Yorkshire and Harrogate Health and Care Partnership - a progress update and an outline of the next steps

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support that introduced a general progress update on the West Yorkshire and Harrogate Health and Care Partnership and an outline of the next steps.

The following were in attendance:

- Rob Webster, Chief Executive Officer (CEO) Lead, West Yorkshire and Harrogate Health and Care Partnership
- Ian Holmes, Director, West Yorkshire and Harrogate Health and Care Partnership

The CEO Lead introduced the report and addressed the Joint Committee, highlighting a number of issues around the work and role of the West Yorkshire and Harrogate Health and Care Partnership (WY&H H&CP), including:

- The challenge for the WY&H H&CP was not the funding and pressures across the local NHS; it was how those issues were addressed collectively.
- The WY&H H&CP was a partnership of statutory bodies aimed at delivering the best services it can for the people within the agreed geography, within the available resources.
- The development of the WY&H H&CP was based on the following five principals:

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- Being ambitious (for people and staff).
- Being inclusive of the NHS and Local Government.
- Working within existing governance arrangements – where those exist.
- Agreeing on the problems/ issues to be jointly addressed.
- Subsidiarity applies.
- The three tests to consider whether or not the issue should be considered on a West Yorkshire and Harrogate basis were:
 - The scale of the issue/ matter.
 - If there was good practice to share.
 - If the issue could not be resolved individually / locally.

The Joint Committee considered and discussed the information provided at the meeting and highlighted a number of matters, including:

- Concerns around the overall approach and engagement on the original Sustainability and Transformation Plan (STP) submission.
- There was a fundamental public misunderstanding about the purpose of the STP.
- Queries around the inclusion of 'Maternity' as a programme area; including when and where this was identified as a priority area.
- The overall governance arrangements and associated transparency of decision-making across the WY&H H&CP.

Councillor Vanda Greenwood left the meeting at 3:15pm and the meeting became inquorate.

The formal meeting closed at 3:15pm

The remainder of the discussion continued for the information of those councillors remaining at the meeting, and included:

- Improving Stroke Services
- The Work Programme

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Dental Care Pathway – commissioning of dental services in Yorkshire and the Humber

1. Background

NHS England – Yorkshire and the Humber is responsible for commissioning the full dental pathway including access to and the provision of routine and urgent care.

Work has been undertaken over the previous 12 months to help understand how best to ensure that high quality, value for money services can be commissioned and delivered for the residents of Yorkshire and the Humber.

This paper aims to explain some of the challenges, outline the work already done and confirm next steps.

2. Some of the challenges

Primary care: NHS England - Yorkshire and the Humber (Y&H) commissions 9.5 million units of dental activity (UDAs) across approx. 65 General Dental Services contracts - this excludes specialist contracts like Orthodontics and Urgent Care. These contracts were agreed prior to the inception of NHS England in 2013 and have resulted in inherited legacy arrangements which, in the main, cannot be changed.

The price paid per UDA values varies from around £19 to over £40, with an average of £28.30. The rate of 'UDAs Commissioned per Capita' is 1.72 per in Y&H, compared to 1.62 across England. These figures correlate with the range of figures for 'Patients Seen in the Previous 24 Months as a Percentage of Population', appendix 2, which vary from 34.4% in Scunthorpe to 126.9% in Hull West and Hessle. The Yorkshire and the Humber figure is 57.4%, compared with 55.4% across England.

The lack of routine dental care impacts on the demand and availability of urgent care. GP Patient Survey results for January to March 2017 show that 63% of patients in West Yorkshire were successful in getting an appointment when new to a practice, 66% in North Yorkshire and 80.4% in South Yorkshire, compared with 74% across England. The use of 111 and dental urgent care services has increased which also highlights that patients are unable to gain access to regular dental care. The providers of this care have reported that the weekend slots are being filled during the week as patients are unable to gain care during weekdays.

Urgent Dental Care (UDC) UDC should be accessed by the patient through one of two routes: making arrangements with their own dentist; or the patient makes a call to 111, currently provided by YAS. 111 should be used when it's not possible to make arrangements with the patient's regular dentist or if the caller does not have access to a regular dentist.

For the part-year 2017/18, from 1 April until 31 December 2018, dental calls (136,517) made up 11.1% of all callers and:

- 0.3% of calls were advised to attend A&E (given a disposition of one or two hours);
- 92.3% of calls were advised to see a dentist between 2 and 24 hours; and
- 7.4% of calls were advised to see a dentist within 5 days (these callers should have been signposted to general dental practice or NHS Choices).

This clearly demonstrates that patients have been using the 111 services as a way of accessing services that may well be better seen in primary care

There are four contracted services delivering clinics across West Yorkshire and South Yorkshire and Bassetlaw. There are also four contracted GPs providing sessions out of hours (in North Yorkshire). In addition, there are 68 GPs across the patch providing some urgent appointment slots; there are differing arrangements regarding the funding of these appointments.

There are approximately 125,000 appointments for urgent care across the Yorkshire and Humber locality. There is an inequitable spread of appointments, with very little provision in North Yorkshire and the Humber compared to South Yorkshire & Bassetlaw and West Yorkshire.

Datasets from the current provider of 111 show that average daily demand remains consistent, with peaks in calls between 7am and 10am each day, with just after 9am being the busiest time of every day. The highest demand is experienced on Mondays and Saturdays.

Dental calls as a proportion of total (111) demand are around 15% of all calls Monday to Friday, with 8% on weekends, but this reduction on a weekend is due to the total number of calls to 111 increasing.

- has opening hours that fit with demand
- has a number of clinics within the three STP areas to ensure equity of access;
- can provide the caller with a timed appointment;
- clinically assesses in the region of 75% of calls'
- works in partnership with other providers across the urgent care system;
- encourages all patients seen to source a regular dentist.

3. Key issues facing dentistry

Access to services – legacy arrangements mean that there is inequitable access to services, both in terms of capacity in primary care and the existence of complex and inconsistent pathways in urgent or unscheduled dental care

Primary care national contract – this is held in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.

Funding – all funding allocated to NHS England (Yorkshire and the Humber is already committed to existing contracts so there is little opportunity to use available funds more flexibly. In terms of primary care, legacy arrangements are in place which means funding is allocated to providers in an inconsistent way.

National policy – central policy supports new initiatives but is often at odds with current funding and contracting arrangements eg Starting Well which is commissioned separately and often distributed accordingly central policy rather than local need.

Workforce – the challenges of finding and retaining a workforce with the commitment, skills and experience to support commissioning is becoming increasingly challenging and is having a significant impact on providers ability to deliver services to meet patient's needs.

Signposting - NHS Choices, which provides details of practices accepting new referrals is not kept up to date by all providers. There are no contract levers, at the present time, to mandate this to ensure that the most up to date information is consistently available to callers.

4. Principles to support the commissioning approach

Patients in Yorkshire and the Humber should have access to urgent dental care and treatment (UDC), regardless of whether they have access to a regular dentist. The overarching aim is to:

- increase capacity in primary care to ensure all constituencies are benchmarked according to need.
- improve access to ensure patients have access to a regular dentist
- ensure appropriate and timely provision of urgent dental care that can respond to need
- In-hours urgent dental care should be accessed directly by patients who have access to a regular dentist and not through 111. Out of hours urgent dental care and urgent dental care for those who do not have access to a regular dentist should be via 111.

5. So what has been done so far in 2018?

Primary care NHS England (Yorkshire & the Humber) has completed a review of the availability of access to dental services and developed a strategy to improve this across our region.

Additional funding was identified to support the commissioning of an increase in primary care capacity. A range of criteria for the allocation of this funding was developed with the main ones being:

- UDA per head of population,
- Index of Multiple Deprivation
- Percentage of the population accessing a dentist.

NHS England (Yorkshire and the Humber) have been working with local NHS Dental providers in the identified areas and the additional services are now in place starting from 1st July 2018 although some practices will commence later due to resource availability and the need to recruit the required workforce.

Urgent Care An increase in primary care capacity is being made in areas of highest need. The expectation is that demand on the UDC pathway will reduce over time as more people are able to access dental care through their regular dentist. When the new face to face UDC treatment service is procured, it will be contracted to actively encourage all patients to source a dentist utilising the 111 services.

We have agreed three categories of need for urgent dental care:

- dental emergencies (recommended treatment time within 2 hours with provision at A&E and urgent care centres);
- urgent dental cares (recommended treatment time within 24 hours, with provision from contracted urgent dental care providers);
- routine dental conditions (referred to patients 'regular dentist')

Key principles of this 'call to contact' UDC pathway are listed below:

- commission, deliver and oversee a pathway to dental treatment, providing patients with improved access to regular dental care, and a consistent and equitable urgent dental care service, accessed via 111.
- increase the number of callers to 111 who are assessed by appropriate clinicians;
- ensure that local dental providers maintain accurate service information on NHS Choices and on the DoS;

- improve the collaboration and interoperability between 111, clinical assessment and booking services and treatment providers to support the Yorkshire and Humber UEC system in each locality;
- improve the value for money through strengthened contract management;
- a 'marketing campaign' is launched, providing information about local services to all key stakeholders, outlining how patients can access a regular dentist and how they can access urgent dental care.

6. Next Steps

- a) It is anticipated that as more funds become available to support access to a dentist, funds can be used to increase access for children to dental services particularly supporting preventative interventions.

A "Starting Well" Core offer is being proposed that can be used to take this forward for children under 2 years of age in areas of high deprivation. The purpose of this scheme is to encourage practices to accept more children in to their service and to spend time with them encouraging tooth brushing, improving diets and reducing sugar intake.

The main idea is to train and support dental practice champions so that a team approach can be adopted to increase preventive activity at an individual, family and practice level. Additional funding, going into areas of greatest need, will enable Y&tH to address some of the concerns raised both locally and nationally regarding the lack of access for children to dental services and will lead to the development of preventative interventions to reduce the number of children requiring extraction due to tooth decay. This work would be targeted on the areas of highest deprivation and where access to dental services for children under 2 is low. The work is taking place over the Summer of 2018.

- b) 111 services - A 111 service is currently being procured and a new provider will be in place from 1 April 2019.
- c) Clinical assessment and booking – the existing model is being further developed, with a procurement to be undertaken, led by NHS England (Yorkshire and the Humber) to source a stand-alone clinical assessment and booking service that is directly aligned to urgent dental care treatment services and that has inter-operability with 111. This is currently being procured by NHS England – Yorkshire and the Humber and new providers will be in place from 1 April 2019

Emma Wilson – Head of Co-commissioning

July 2018