

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

MONDAY, 8TH APRIL, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, J Clark, Y Crewe,
V Greenwood, Hutchinson, B Rhodes and
L Smaje

CO-OPTED MEMBERS Councillor J Clark – North Yorkshire CC

51 Appeals Against Refusal of Inspection of Documents

There were no appeals against the refusal of inspection of documents.

52 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

53 Late Items

No formal late items of business were added to the agenda, however the Joint Committee was in receipt of the following supplementary information:

Agenda Item 8 Access to Dentistry – Letter dated 29th March 2019 from the Head of Co-Commissioning, NHS England (Yorkshire & Humber) to the Chair of West Yorkshire Joint Health Overview and Scrutiny Committee (Minute 58 refers)

Agenda Item 9 West Yorkshire & Harrogate Cancer Alliance – Reports to the West Yorkshire & Harrogate Cancer Alliance Board meetings dated 30th October 2018 and 23rd January 2019 (Minute 59 refers).

54 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made, however both Councillors Hayden and Smaje wished it to be recorded that they each had a non-pecuniary interest in agenda item 9 West Yorkshire and Harrogate Cancer Alliance as they both had close family members living with or recovering from cancer (Minute 59 refers).

55 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillors Flynn and Riaz; and from Councillor Greenwood who would join the meeting shortly.

56 Public Statements

The Joint Committee received the following statements:

Jenny Shepherd, Calderdale & Kirklees 999 Call for the NHS – Made a representation regarding information contained within the report submitted by West Yorkshire and Harrogate Cancer Alliance. She highlighted treatment

deadlines, the social/environmental causes of cancer; the emphasis placed on the 'cancer of unknown origins pathway'; commissioning of PET CT scanning equipment and the impact of the shortage of radiologists on diagnosis/treatment in the Huddersfield and Calderdale NHS Trusts as areas of interest.

Dr John Puntis, Leeds Keep Our NHS Public - Made a representation on smoking cessation services; highlighting that although smoking was reported to be the main cause of preventable deaths and the reduction of adult smokers was the #1 priority for the Cancer Alliance, Cancer Research had identified a 28% reduction in funding to support smoking cessation services. He sought details of any action the Cancer Alliance could take to ensure cessation services were maintained and to inform the public of the impact of reduced funding.

57 Minutes - 11 February 2019

RESOLVED – That the minutes of the previous meeting held 11th February 2019 be agreed as a correct record.

58 Access to Dentistry

Further to minute 10 of the meeting held 30th July 2019, the Joint Committee received a report from NHS England regarding access to both primary care dental services and unscheduled dental care across West Yorkshire. The Joint Committee was also in receipt of supplementary information in the form of a letter dated 29th March 2019 from the Head of Co-commissioning (Yorkshire and Humber) NHS England relating to Urgent Dental Care provision.

Following the July 2019 meeting, the Chair of the Joint Committee corresponded with NHS England (NHSE), with additional questions and concerns regarding proposed changes to Urgent Dental Care services in some areas of West Yorkshire. The report referenced the correspondence and responses received at Appendices 1 and 2.

The following were in attendance and contributed to discussions:

- Emma Wilson, Head of Co-commissioning (Yorkshire and Humber) NHS England
- Ian Holmes, Director, West Yorkshire and Harrogate Health and Care Partnership

In introducing the report, the Head of Co-commissioning (Yorkshire and Humber) NHS England highlighted the following key points:

- The new call handling service for the urgent dental treatment pathway had commenced on 1st April 2019. NHS 111 provides initial call handling before transferring urgent dental care requests to the Dental Clinical Assessment and Booking Service (CABS) for assessment and signposting to relevant treatment.
- Additional capacity had been funded to ensure a number of dental practices could provide additional appointments, including evening and weekends, for urgent dental care requests.

- A second phase of implementation would target particular areas to build capacity in areas of the greatest need.

In considering this issue, several comments were made by members of the Joint Committee expressing disappointment with the way the urgent dental treatment pathway had been implemented. The Joint Committee commented that procurement and commissioning of the realigned service had taken place without reference to or meaningful consultation with the Local Authority's directly affected by the service change, or the WY JHOSC itself. Additionally, in discussing the report and appendices, Members expressed disappointment over the inclusion of data from 2017 and that no up to date statistics had been provided to support implementation of the new pathway.

The Joint Committee considered the information provided and discussed the following matters:

The three phases to implementation of the new urgent dental treatment pathway, including the 2017 pilot scheme.

The Joint Committee sought information on how data collected during the pilot scheme had addressed the barriers to accessing urgent dental care and informed the development of the new pathway.

Service provision under the new urgent dental treatment pathway

The Joint Committee sought assurance over the continued provision of urgent dental care services across the WY&H footprint, but particularly for those areas already identified with difficulties – Bradford, north Kirklees and Calderdale.

Additionally one Member reported that Wakefield District residents seeking urgent dental care would now be required to travel to Leeds or Huddersfield for treatment; yet knew of no consultation being undertaken. Information was sought on the number of dental practices in the Wakefield and South East Leeds area, the number of urgent care dental practices in Wakefield specifically; and the number of additional hours provided under the new contract.

In response, it was confirmed that the new urgent dental treatment pathway would increase services through provision at fixed urgent care sites in Wakefield, Bradford, Leeds and Huddersfield. Urgent dental care would also be provided by utilising available appointments in primary dental care practices. Additionally:

- The new NHS 111/CABS service would signpost increased availability of appointments at identified sites in Leeds/Wakefield
- At least 50% of callers to the NHS 111/CABS service will be dealt with by a dental professional.
- The new pathway envisaged patients would not travel for more than one hour to access urgent dental care.
- Kirklees patients would access urgent dental care at one of the fixed sites or at one of the primary care dentists who receive funding to

respond to local need and offer urgent care, once that element of the service had been established.

In response to a comment regarding preventative work being included within the pathway, the Joint Committee was advised that although preventative measures were not part of this work they would be part of the long term plan.

Barriers to dental care

It was acknowledged that there were several factors which acted as barriers to accessing either primary or urgent dental care. These included:

- The historical belief that it was difficult to access local primary dental care so potential patients accessed urgent care instead.
- That dental practices could still say they were closed to new NHS patients. It was noted that dental practices funded under the new urgent dental treatment pathway were required to promote their availability.

The provisions of the new contracts

In response to a query on the monitoring of the new pathway contracts and any penalties to be levied against dental practices which did not make additional appointments available, the Joint Committee heard that call handling data would be reviewed in order to inform the progress of implementation. The Joint Committee received assurance that providers would be held to account for dentistry provided.

Consultation, engagement and communications

There was some concern over the emphasis placed on dental practices to advertise their availability, as the pilot scheme had evidenced that some prospective patients bypassed primary care altogether. The Joint Committee sought details of how NHS England planned to advertise and promote the availability of appointments and whether any work was planned with local Healthwatch groups to advise local residents on access to dentistry in their area.

The Joint Committee heard that NHS Choices (on-line) would be the most frequently used tool to access appointments.

The Joint Committee also received confirmation that a Communications Plan had been developed to advise patients of the new arrangements. The Joint Committee expressed disappointment that this was only now being reported, after implementation of the new pathway, and requested further details of the Communications Plan.

Role of WY&H HCP

The Director, West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) reported that WYH HCP was currently reflecting on the recently published NHS Long Term Plan and the requirements to produce a refreshed 5 Year Plan. The Director agreed to report back to Members of the Joint Committee on the implications for the dental agenda in due course.

The Joint Committee also considered any influence the WYH HCP may have on Government/NHS England to refine the pathway contracts in order to better meet the needs of local residents and build in flexibility to support preventative work being included.

The Joint Committee noted a suggestion that preventative dental treatment should be a matter for further scrutiny by the Joint Committee.

In conclusion the Chair reiterated the Joint Committee's frustration and clarified that although NHS England advised the Joint Committee in March and July 2018 of the intention to recommission the service; details were not provided of the procurement process, the outcomes and subsequent proposals. The Chair re-emphasised that proposed changes to services needed to be discussed prior to implementation, with the Joint Committee being provided with an opportunity to consider and comment on proposed service changes or developments – in line with NHS England's statutory duty.

RESOLVED –

- a) To note the contents of the report and the discussions
- b) To note the implementation of the new urgent dental care pathway on 1st April 2019
- c) That the further information requested be provided to all members of the Joint Committee; including:
 - i). Communications Plan
 - ii). Data on urgent dental care provision across the West Yorkshire and Harrogate footprint, including what and where urgent dental care services are available.
 - iii). Changes to the provision of urgent dental care compared to previous arrangements.
- d) Having considered the information provided, the Joint Committee identified preventative dental work as an issue for scrutiny in the future.
- e) To note the offer made by the Director, West Yorkshire and Harrogate Health and Care Partnership, to bring a report to a future meeting reflecting on the dental agenda as part of the response to the NHS Long Term Plan.

59 West Yorkshire and Harrogate Cancer Alliance

The Joint Committee received a report from the West Yorkshire and Harrogate Cancer Alliance providing an outline of the activity related to the identified cancer priority programmes, as part of the overall West Yorkshire and Harrogate Health and Care Partnership (WYH HCP). The Joint Committee was also in receipt of supplementary information in the form of two reports to the West Yorkshire and Harrogate Cancer Alliance Board dated 30th October 2018 and 23rd January 2019.

The following were in attendance and contributed to discussions:

- Professor Sean Duffy, Clinical Director and Alliance Lead, West Yorkshire and Harrogate Cancer Alliance (the Alliance).
- Carol Ferguson, Macmillan Programme Director, West Yorkshire and Harrogate Cancer Alliance.

In introducing the report, the Clinical Director and Alliance Lead, West Yorkshire and Harrogate Cancer Alliance, emphasised that the Alliance sought to focus on outcomes and service provision within the parameters of available funding, and highlighted the following key issues:

- The Alliance focussed on ensuring early diagnosis and a consistent approach to subsequent treatment.
- Collaboration between primary care, specialist services and acute treatment providers was key to providing effective diagnosis and treatment.
- The Board was provided with information on the Tackling Lung Cancer initiative which successfully targeted resources to areas of deprivation and high smoking levels in Wakefield and Bradford, and promoted healthy living and the use of cessation services.
- Through greater collaboration the Alliance had successfully accessed additional regional and national funding.
- The Alliance continued to identify areas which required further focus and funding.

In considering the matter, the Joint Committee had regard to the information provided in the report; and discussions included the following matters:

Local performance against the 62 day cancer waiting time target - The Joint Committee was informed that the 62 day target related to patient flow, rather than diagnosis following initial presentation. Following diagnosis, patients were placed on care pathways specific to their needs. It was acknowledged that patients not on a specific cancer care pathway received a variable service across the Partnership area. Specific challenges to meeting the target in West Yorkshire included a 27% increase in referrals for Prostate cancer since March 2018, resulting in additional pressures in diagnostic and treatment services. The Joint Committee noted a comment that there had also been a specific and unexpected increase in breast cancer referrals which had also increased pressure on the system.

The role and use of ICT innovation and Yorkshire Imaging Collaboration (YIC) to support early diagnosis - In response to a comment regarding the benefits of the new reporting system, the Joint Committee received an example of how use of new technology would enable a GP or dermatologist to send photographic images or scans of a patient presenting with possible skin cancer to the relevant consultant for consideration, in order to promote an earlier diagnosis and allocation to the right care pathway. It was reported that 80% of dermatology practices had taken up the new technology which was now being rolled out to Pathology.

Engagement and Consultation with patients and the public – In response to a comment regarding the information available on the Cancer Alliance website and the over-reliance on electronic forms of patient and public engagement, it was noted that no literature seeking patients' views or information on service/care pathways was readily available in treatment

centres to help signpost patients/their families.. The Joint Committee identified this issue as a matter for action by the Alliance to pursue.

Representation on the Cancer Alliance Board – While it was noted that the Board consisted of 2 representatives from each place, concern was expressed regarding how effectively the patient voice was represented. The Joint Committee believed that the breadth of patient experience across West Yorkshire could not be effectively provided by only two public representatives. Comments also highlighted the lack of patient representation and local Healthwatch members. The Joint Committee identified this issue as a matter for further consideration by the Alliance.

Treatment and Care and the route to diagnosis and care pathways – The Joint Committee noted £14M of non-recurrent Transformation funding would be targetted towards Cancer by the WYH HCP to deliver specific care pathways and noted a comment that investment should be mindful of the whole referral process as most referrals began in general practice, highlighting the role and usefulness of local GP health checks.

Upskilling practitioners – A comment on the work required to ensure that skilled practitioners are available to identify symptoms and make an early referral was noted; particularly in General Practice.

Upskilling aimed to relieve the pressure on specialists by providing other skilled professionals to perform certain tasks. The Joint Committee was provided with an example of similar change – endoscopy procedures used to be performed by a Doctor with a nurse present; including the completion of necessary administration, however, the service had been restructured to provide Band 3 to 8 staff to perform the procedure without impacting on the service to patients or accurate diagnosis.

Smoking cessation services and vaping – The Joint Committee heard that as a nicotine replacement, Vaping was the most effective way to stop smoking. Cessation services were funded through Local Authorities, however the Alliance had previously funded support for Wakefield/ Bradford and Mid Yorkshire cessation services.

Behaviour and lifestyle changes monitoring – The Joint Committee considered whether monitoring residents on low incomes/in areas of deprivation would be useful without monitoring environmental factors as well. It was noted that the Alliance currently did not have a specific work stream looking at environmental issue impacts.

RESOLVED –

- a) To note the contents of the report, the supplementary information and the discussion at the meeting.
- b) To note the progress made by the Cancer Alliance since its inception in 2016.
- c) To note and support the ongoing priority to recover performance against cancer waiting times standards

- d) To note and support the priorities for the Cancer Alliance as determined by national policy, specifically the ongoing focus on finding more cancers at a stage when they are potentially curable and developing more personalised, integrated health and wellbeing support to people living beyond their diagnosis in their own communities.
- e) That the Cancer Alliance give further consideration to its approach to public / patient involvement, including measures to improve the patient voice as part of its governance arrangements.

60 Work Programme

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support on the continuing development of the Joint Committee's future work programme.

The Joint Committee considered the proposed future work programme and also discussed the following matters:

- Other matters raised earlier in the meeting that should be reflected in the Joint Committee's future work programme.
- The progress update on the proposed sub-committee review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy – A Healthy Place to Live, a Great Place to Work. It was noted that the sub-committee had now met and agreed terms of reference for the Group and the Joint Committee received information on the proposed approach to the review

RESOLVED –

- a) To agree the proposed future work programme (attached as Appendix 1 to the report), subject to the inclusion of other matters highlighted at the meeting.
- b) To note the progress of the sub committee formed to review the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy – A Healthy Place to live, a Great place to Work.
- c) That officers continue to develop the Joint Committee's work programme, based on comments made at the meeting and a revised version be presented for consideration at a future meeting of the Joint Committee

61 Closing remarks

In closing the meeting the Chair noted that this was the last meeting of the 2018/19 Municipal Year – meeting dates for 2019/2020 will be provided in due course for consideration.

Additionally, the Chair thanked representatives of Wakefield Metropolitan District Council for hosting the meeting in Wakefield County Hall.

(The meeting closed at 12:45 pm)