

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 22ND NOVEMBER, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley,
N Harrington, C Hart-Brooke, M Iqbal,
W Kidger, K Renshaw and E Thomson

Co-opted Member present – Dr J Beal

38 Appeals Against Refusal of Inspection of Documents

There were no appeals.

39 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

40 Late Items

There were no formal late items.

41 Declaration of Interests

In relation to agenda item 7 'Access to local NHS Dental Services', co-opted member Dr John Beal had informed the Board that he is a member of the British Dental Association.

42 Apologies for Absence and Notification of Substitutes

Apologies were received for the meeting from Cllr E Taylor and Cllr J Gibson with Cllr K Renshaw substituting for Cllr E Taylor.

43 Minutes - 18th October 2022

RESOLVED - That the minutes of the meeting held on 18 October 2022 be approved as an accurate record.

44 Access to local NHS Dental Services

The Head of Democratic Services submitted a report that presented information following on from the Board's earlier work surrounding access to local NHS dental services.

In introducing this item, the Chair highlighted that dentistry has been a longstanding area of interest to the Scrutiny Board in recognition that oral health is integral to general health and quality of life.

The Chair reminded everyone of the scrutiny work undertaken in February 2022 when the Board had engaged with dental commissioners, providers and patient representatives to discuss and review access to local NHS dental services. This had resulted in the Board agreeing five recommended actions during its March 2022 meeting. As well as reviewing the situation again in terms of progress made since March, it was noted that the Board would also be addressing specific issues surrounding orthodontic services for children; water fluoridation; and the transfer of commissioning responsibilities for local dental services to the West Yorkshire Integrated Care Board (ICB) as of April 2023.

The following were in attendance for this item:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Victoria Eaton, Director of Public Health
- Emma Newton, Health Improvement Principal, Public Health
- Emma Wilson, Head of Co-commissioning (Y&tH), NHS England
- Ian Holmes, Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Richard Agyekum-Sakyi, General Manager, Leeds Dental Institute
- Munaf Qayyum, Leeds Dental Committee Chair
- Jane Moore, Leeds Dental Network Chair, NHS England
- Stuart Morrison, Team Leader, Healthwatch Leeds
- Mandy Sharp - Patient representative nominated by Healthwatch Leeds

The Chair acknowledged the importance of capturing information from the perspective of commissioners, providers, practitioners and patients again and therefore welcomed the wide range of contributors to the Board's meeting.

The Chair then invited each of the external witnesses to provide a brief overview of the key issues they wished to share with the Board, which is summarised below.

- *The Head of Co-commissioning (Y&tH), NHS England* referred to the briefing paper within the agenda pack by NHS England which set out the key challenges facing dental services, along with actions being taken nationally and locally to help strengthen future service provision. It was acknowledged that the primary care national contract, rolled out in 2006, had been a key factor in terms of ongoing issues affecting the sector, along with significant workforce challenges nationally. Responding the

Board's earlier recommendations, particular reference was made to the new dental system reforms aimed at making it easier for patients to access NHS dental care. The Board was also updated on the Oral Health Needs Assessment (OHNA), which was completed in May 2022 to help understand the oral health inequalities across the region in order to best allocate available resources.

- *The Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board (ICB)* outlined that, in line with the Health and Social Care Act 2022, the responsibility for commissioning local dental services will be transferred from NHS England to the West Yorkshire ICB in April 2023. The Board was informed of the work being progressed by the Dental Task and Finish Group in ensuring that the ICB has a clear and accurate picture of known service delivery issues and in supporting the management of these service pressures. While acknowledging that the transfer of responsibility will not lead to immediate significant improvement, the Board was assured that priorities and actions have been set by the ICB to link dental services to the wider ICB strategic priorities, particularly with regards to strategic direction and transformation and integration of Primary Care.
- *The Executive Director of Operations, Leeds Community Healthcare NHS Trust* reminded the Board of the role of Community Dental Services (CDS) in providing dental care for adults and children with additional needs and those from vulnerable groups whose needs cannot be met by the general dental service. The CDS has around 4000 patients. The Board was also reminded of the position reported in March 2022 in terms of service access across the three patient categories (high; moderate; low) and learned that access has now steadily improved across all categories. It was also highlighted that the ongoing difficulties in recruiting a specialist paediatric dentist to the CDS has meant that relevant patients are being fast tracked to the Leeds Dental Institute.
- *The General Manager for the Leeds Dental Institute (LDI)* informed the Board that since the last update in February/March 2022, further work has been undertaken to reduce patient waiting lists for treatment at the LDI and that recovery measures also remain ongoing in terms of dental recruitment. In acknowledging that the LDI can be a daunting environment for many patients, it was noted that priority action is also being given to working closely with community partners to enable patients to access treatment closer to home.
- *The Leeds Dental Network Chair, NHS England* explained her position as a practising dentist and being part of the commissioning team working collaboratively with other key stakeholders, including the Leeds Dental Committee, as well as having clinical responsibility for urgent care and orthodontics.

- *The Leeds Dental Committee Chair* also explained his role as a practising dentist and gave an overview of key issues being raised by other dental practitioners. These involved difficulties recruiting and retaining nursing staff; restrictions on how many NHS patients can be seen by a dental practitioner linked to the current national contract; difficulties in children accessing services through the CDS and LDI; and a lack of sufficient and sustainable funding for dentists to be able to plan and cover their existing costs. However, it was hoped that the new dental reforms would help to address some of these issues moving forward.
- *The Team Leader, Healthwatch Leeds* highlighted that following the Scrutiny Board's earlier work in February/March, Healthwatch Leeds have continued to receive a high level of calls from the public seeking support to access NHS dental services and particularly from pregnant women and families seeking services for their children. Such access difficulties have been associated with extremely long waiting lists; poor communication and a lack of clarity surrounding dental contract arrangements; a lack of affordability for many being advised to access private dental care; and an insufficient provision of language interpreter services. It was highlighted that once a person had been able to access an NHS dental service, then complaints relating to that actual service have been minimal.
- *The Healthwatch Leeds patient representative* was then invited to share their own difficult and traumatic experience of trying to access NHS dental care, which had involved many of the key factors highlighted by the Healthwatch Leeds Team Leader, and consequently led to a significant loss of teeth and a detrimental impact on their general health and well-being. This had led them to canvas the views of other local members of the public and found that a significant number of other individuals and families were also in a desperate position to access appropriate NHS dental care. The Chair relayed her sincere thanks to the patient representative for her courage and generosity in sharing their own difficult and heart-breaking experiences and also acknowledged the shared determination of the Board to see decisive action being taken both nationally and locally to significantly improve access to NHS dentistry.

At this point, the Chair invited the Executive Members to share their initial views and in doing so, it was acknowledged that access to NHS dentistry remains a common area of concern. It was highlighted that foster families are particularly reporting difficulties in accessing provision for children looked after. It was also recognised that when young people are unable to access urgent dental care then this can have repercussions on their schooling and general social well-being too.

The following areas were also discussed during the Board's consideration of the agenda report:

- *Lack of sustainable funding* – the Board acknowledged that, unlike other NHS services, dental services are not provided free at the point of delivery as it is subsidised with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment. It was therefore recognised that many of the challenges facing the sector will be difficult to resolve without future significant and sustainable investment nationally. In particular, it was noted that consistent funding will assist with staffing retention issues in order to fulfil the 10% increase in service capacity referenced in the report.
- *Review of Community Dental Services* – the Board noted that the findings arising from the service review of Yorkshire and Humber CDS are due to be reported during November. While acknowledging that the review was comparing provision across the region, it was suggested that it would be helpful to analyse comparative data with other core cities too. Reference was also made to the value of seeking input from third sector organisations who work closely with relevant communities.
- *Voice of patients in the OHNA* – while acknowledging that the Oral Health Needs Assessment aims to provide the evidence base to support the commissioning of services, a query was raised regarding patient input into the assessment process. It was acknowledged that the OHNA was the first of its type for the region and will continue to be expanded along with further profiling work at Place level and that feedback from colleagues was therefore welcomed. It was also noted that NHS England were consulting on how best to engage the public more broadly than just via Healthwatch.
- *A focus on preventative measures* – the Board acknowledged that a focus on preventative measures would reduce pressure on services over time. Tooth decay for children should be preventable through improved communication, particularly targeting areas with the poorest oral health and low service provision.
- *Managing patient lists and public expectations* – it was highlighted that work is underway to improve greater understanding of how patient lists are managed and to also educate patients on the potential implications of repeated missed appointments. However, it was also highlighted that dental practices are also being encouraged to prioritise patients based on level of need and urgency.

The Board moved to a focused discussion on orthodontics where the Head of Co-commissioning (Y&tH), NHS England and the Leeds Dental Network Chair, NHS England outlined the current service position and re-procurement process as set out in the briefing paper within the agenda pack.

The following key points were discussed:

- The re-procurement process was noted to have been ongoing since April 2022 and although currently improved, patient communication had initially been raised as a significant problem resulting in many patient complaints. NHS England acknowledged the feedback received and assured the Board that lessons had been learned.
- It was reported that with the introduction of a digital referral management system, this is expected to improve efficiencies and reduce waiting times.
- It was recognised that prevention and oral health information needs to be built into services too. Linked to this, some notable work programmes have been conducted as follows; 0-19 Services, Brushing for Life Scheme and HENRY (Health, exercise, nutrition for the really young). It was also highlighted that contact is made with pre-natal services for information and advice at an early stage to unify the offer of services and to advise other preventative measures.

Linked to the issue of prevention, the Board also discussed the issue of water fluoridation, with the Director for Public Health and the Health Improvement Principal from Public Health presenting the briefing paper set out in the agenda pack. It was noted that new regulations surrounding water fluoridation had been approved on 8th November 2022, with the main significant change now placing a responsibility on the Secretary of State to notify local authorities of any proposals for a water fluoridation scheme that includes their population, including plans for consultation. The Board discussed the evidence base surrounding fluoridation and while acknowledging that the Secretary of State has announced the first tranche of proposals in the North East region, a suggestion was made for Directors of Public Health across the West Yorkshire and South Yorkshire region to explore the potential of forming part of the second tranche.

In conclusion, both the Head of Co-commissioning (Y&tH), NHS England and the Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board were invited to reflect on the key issues raised during the Board's discussion and in doing so, gave a commitment to reflect these as part of their ongoing transitional work.

The Chair thanked everyone for their contributions and also highlighted the Board's commitment to maintain a watching brief of progress moving forward.

RESOLVED – That the contents of the report, along with Members comments, be noted.

(Councillors Anderson and Kidger left the meeting at the end of this item)

45 Leeds Health and Care System Resilience and Winter Planning

The Head of Democratic Services submitted a report which presented the Board with a briefing paper by the Leeds Health and Care Partnership regarding the current issues and actions linked to the Leeds health and care system resilience and winter planning process. While each organisation in the

System has its own winter resilience plans, decision management and assurance process, the Board were provided with an overview of approaches, plans, progress and risk with capacity plans overseen by the Health and Social Care System Resilience Co-ordination Group.

The following were in attendance for this item:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Helen Lewis, Director of Pathway Integration, NHS West Yorkshire Integrated Care Board
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Mark Dodd, Interim Deputy Director for Service Delivery, Leeds and York Partnership NHS Foundation Trust

The Director of Pathway Integration, NHS West Yorkshire Integrated Care Board introduced the report which highlighted the following key headings; Acute, primary care and community demand; Mental health services; Public health plan; Vaccination; Demand assumptions for winter; Creating additional capacity; National planning requirements and resilience response; Governance arrangements for the ICB; and Risks. It was highlighted that the systems action plans are developed to mitigate risk and identify areas where demand and capacity may be significantly increased.

The following areas were also discussed during the Board's consideration of the report:

- The vaccination plan aimed to be more pro-active with information being provided over social media to increase vaccination numbers in areas with low uptake. Efforts to reduce fear of vaccines was underway, including community consultation and information points in hospitals and shopping centres.
- It was confirmed that all Primary Care Networks were providing Covid-19 and flu vaccinations through an opt in process, some concern from the public regarding taking a joint vaccine was noted.
- Mental health community projects working along with the mental health transformation programme will align services to one system and assist with a reduction in patients ending up at crisis point.
- Bed capacity issues can result in patients being moved to different sites, the priority will be to provide care as close to home as possible and have regular contact with the outreach team if moved. There was also an increase in home care provision noted.

- Patient self-management is a common procedure and evaluation through the enhanced recovery programme can assist with the journey back home while providing therapy at relevant points if necessary.
- Third sector pathways will use case-based patient evaluation to determine needs which has led to earlier discharge rates. However, it was noted that admission prevention is always prioritised.
- Greater support will be needed for frailer people to reduce harm within the pressures of the cost of living crisis which will affect people's physical and mental health and may increase cold and damp in homes.

RESOLVED - That the contents of the report, along with Members comments, be noted.

46 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year. The Principal Scrutiny Advisor to the Board made particular reference to the following:

- That the proposed work item surrounding the introduction of Liberty Protection Safeguard is to be deferred until assurances surrounding the national implementation timeframe can be provided.
- That the Board's budget working group meeting had been confirmed for 14th December 2022 at 4 pm.

RESOLVED – That the report and the latest iteration of the Scrutiny Board's work schedule for the 2022/23 municipal year, as presented, be noted and confirmed.

47 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Board as Tuesday, 17th January 2023 at 1:30pm (pre-meeting at 1:00pm)

48 Any Other Business

The Board acknowledged that NHS Providers, the membership body representing every NHS hospital, mental health, community and ambulance service in England, has appointed Julian Hartley as its next chief executive. Julian, who is currently chief executive at The Leeds Teaching Hospitals NHS Trust, will take up his new role with NHS Providers, on 1 February 2023.

Board Members formally acknowledged the positive contribution made by Julian to the health and wellbeing of local residents and therefore relayed their thanks and best wishes to Julian in his new role.

(The meeting concluded at 16:30)