



## WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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Meeting to be held in Bradford MBC, City Hall, Bradford, BD1 1HU on  
Friday, 24th March, 2017 at 10.30 am

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### MEMBERSHIP

#### Councillors

Councillor M Gibbons	-	Bradford Council
Councillor V Greenwood	-	Bradford Council
Councillor M Greenwood	-	Calderdale Council
Councillor S Baines	-	Calderdale Council
Councillor J Hughes	-	Kirklees Council
Councillor E Smaje	-	Kirklees Council
Councillor B Flynn	-	Leeds Council
Councillor P Gruen (Chair)	-	Leeds Council
Councillor Y Crewe	-	Wakefield Council
Councillor B Rhodes	-	Wakefield Council

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*Please note: Certain or all items on this agenda may be recorded*

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**Principal Scrutiny Adviser:**  
**Steven Courtney**  
**Tel: (0113) 24 74707**

Produced on Recycled Paper

# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(*In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p><b>No exempt items have been identified on this agenda.</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</b></p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p><b>MINUTES - 23 JANUARY 2017</b></p> <p>To confirm as a correct record, the minutes of the meeting held on 23 January 2017.</p>	1 - 6
7			<p><b>CHAIR'S UPDATE</b></p> <p>To receive and consider a report from the Head of Governance and Scrutiny Support providing an opportunity for the Chair of the Joint Committee to give an update on any general matters not specifically included elsewhere on the agenda.</p>	7 - 8
8			<p><b>ACCESS TO NHS DENTAL SERVICES</b></p> <p>To consider a report from the Head of Governance and Scrutiny Support introducing a range of information associated with the Joint Committee's inquiry into Access to NHS Dental Services across West Yorkshire.</p>	9 - 40

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p><b>WORK PROGRAMME</b></p> <p>To consider a report from the Head of Governance and Scrutiny Support introducing the development of the Joint Committee's future work programme.</p>	41 - 44
10			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>To be determined.</p> <p><b>THIRD PARTY RECORDING</b></p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.</p> <p>Use of Recordings by Third Parties– code of practice</p> <ul style="list-style-type: none"> <li>a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.</li> <li>b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.</li> </ul>	

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

**MONDAY, 23RD JANUARY, 2017**

**PRESENT:** Councillor P Gruen in the Chair

Councillors S Baines, Y Crewe, B Flynn,  
M Gibbons, C Pearson, B Rhodes and  
E Smaje

## **8 Late Items**

There were no formal late items, but it was noted that a briefing note had been provided in relation to Autism, which was included as part of the Chairs Update item (minute 13 refers).

## **9 Declaration of Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests declared at the meeting, however the following matters were drawn to the attention of the Joint Committee:

- Councillor Pearson advised the Committee of his role as a Company Director of a company that delivered services on behalf of Calderdale Council, Adult Social Services, through a formal contract arrangement.
- Councillor Baines advised the Committee of his role as an elected member representative on NHS Calderdale and Huddersfield Members Council.
- Councillor Smaje advised the Committee that two close family members were currently in receipt of services for the treatment of cancer.

As the matters of interest were non-pecuniary, all members remained present for the meeting.

## **10 Apologies for Absence and Notification of Substitutes**

Members were advised of the following changes to the substantive membership of the Joint Committee:

- Councillor S Baines, MBE (Calderdale Council) replaced Councillor C Pearson (Calderdale Council)

Apologies for the meeting were reported as follows:

- Councillor V Greenwood (Bradford Council), with no substitute member in attendance.

- Councillor J Hughes (Kirklees Council), with no substitute member in attendance.
- Cllr M Greenwood (Calderdale Council), with Cllr C Person attending as a substitute member.

Members were further advised of the attendance of Councillor J Clark (North Yorkshire County Council) in line with the outcome of the Joint Committee's previous discussions regarding the involvement/ participation of a suitable North Yorkshire County Council representative in relation to the West Yorkshire and Harrogate Sustainability and Transformation Plan and associated discussions.

The Joint Committee also noted apologies had been received from Merran Macrae (Chief Executive, Calderdale Council) – the nominated Chief Executive to lead on the West Yorkshire and Harrogate Sustainability and Transformation Plan on behalf of the five West Yorkshire local authorities – who had been invited to attend the Joint Committee.

## **11 Deputations from the public**

The Joint Committee received deputations from members of the public representing a number of 'protect the NHS' campaign groups, opposing the West Yorkshire and Harrogate Sustainability and Transformation Plan.

On behalf of the Joint Committee, the Chair thanked those in attendance for their attendance and contributions to the meeting.

**RESOLVED** – To note the comments made at the meeting.

## **12 Minutes - 18 November 2016**

**RESOLVED** – That the draft minutes from the meeting held on 18 November 2016 be agreed as an accurate record.

## **13 Chair's Update**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, providing an opportunity for the Chair to provide an update on any specific actions or activity since the previous meeting on matters not presented elsewhere on the agenda.

Specific reference was made to a briefing note that had been circulated in relation to Autism Assessment and Diagnosis. The briefing note outlined:

- The commencement of a comprehensive scoping exercise to fully understand current arrangements position in relation to autism across West Yorkshire and Harrogate.
- The range of groups involved in the scoping exercise.
- Plans to conclude the scoping exercise by the end of March 2017.

In considering the information presented, the Joint Committee made a number of comments, including:

- Disappointment that local authority health overview and scrutiny committees did not feature as identified key stakeholders in the scoping exercise.
- Seeking clarification on the likely timescales.

**RESOLVED** – That the Joint Committee receives an interim report on the autism scoping exercise by the end of March 2017, with a view to receiving the final scoping report and recommendations as soon as practicable.

#### **14 West Yorkshire and Harrogate Sustainability and Transformation Plan Priority Area - Stroke Services**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, introducing information in relation to the Stroke Services priority area within the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

The following were in attendance for consideration of this item:

- Jo Webster, Chief Officer, Wakefield CCG
- Linda Driver, West Yorkshire & Harrogate Stroke/Hyper Acute Stroke Project Lead
- Dr Pratap Singh Rana, Consultant Stroke Physician, Calderdale and Huddersfield NHS Foundation Trust
- Rory Deighton, Director, Healthwatch Kirklees
- Karen Coleman, Communications and Engagement Lead, West Yorkshire and Harrogate STP
- Jackie Crossley, Head of Clinical Effectiveness, Yorkshire Ambulance Service NHS Trust

In providing general background and introducing information within the report, a range of matters were highlighted, including:

- Context of the national review of stroke services.
- Emerging evidence on approaches to reduce strokes resulting in death and long-term conditions.
- Projections for an increase in the number of patients having a stroke.
- Consideration was being given to how hyper acute stroke and acute stroke care services could be improved across West Yorkshire.
- Plans for public and patient engagement in relation to improvements across the whole clinical pathway for stroke care, including prevention, first 72 hours of care, rehabilitation and community support.
- Public engagement work due to take place over 6-weeks, commencing 1 February 2017.
- Key drivers and the case for change/ review of services, which included:
  - Outcome of the resilience review undertaken (based on 2012 data);

- Increasing demand for services;
- Levels of morbidity for those suffering a stroke;
- An ageing population with complex health and social care needs;
- Workforce sustainability.
- The potential impact of other stroke engagement and consultation work taking place in surrounding areas, including South Yorkshire and Bassetlaw and North Derbyshire.

Members of the Joint Committee discussed the information presented and raised a number of specific points / questions, including:

- The contractual relationship between HealthWatch Kirklees and the STP Programme Office, in undertaking the public engagement activity.
- Assurance sought around the independence of HealthWatch Kirklees in undertaking the public engagement activity on behalf of the STP Programme Office.
- Assurance sought around any pre-determined reduction in the current number of stroke care units across the West Yorkshire and Harrogate STP footprint, and the language used in the STP document.
- The likely decision-making timeline and governance arrangements.
- A request for details of the recommendations identified by the Clinical Senate, and the evidence base/ working assumptions used at that time.
- A request for the outcome of the public engagement work to be reported to the Joint Committee, prior to any potential reconfiguration decisions.
- Assurance sought around the contribution of 'stroke services' in helping address the gaps identified in the West Yorkshire and Harrogate STP

On conclusion of the discussion, the Chair thanked the Clinical Director for his attendance and contribution to the discussion.

#### **RESOLVED –**

- (a) To note the information presented and discussed at the meeting.
- (b) To receive and consider details of the resilience review and recommendations of the Clinical Senate referred to at the meeting.
- (c) To receive and consider details of the planned public engagement activity referred to at the meeting.
- (d) To consider the outcome of the public engagement activity at an appropriate future meeting of the Joint Committee.

## **15 West Yorkshire and Harrogate Sustainability and Transformation Plan Priority Area - Cancer**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, introducing information in relation to the



Cancer priority area within the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

The following were in attendance for consideration of this item:

- Professor Sean Duffy, Clinical Director and Alliance Lead, West Yorkshire and Harrogate Cancer Alliance

In providing general background and introducing information within the report, the Clinical Director outlined the following five priority areas within the Cancer workstream:

- Approach to prevention and awareness-raising;
- Achieving earlier diagnosis;
- Patient experience;
- Supporting people living with and beyond cancer;
- Modern, high quality services.

Members of the Joint Committee discussed the information presented and raised a number of specific points / questions, including:

- The role of primary care in helping achieving earlier diagnosis and detection rates.
- How patients broader health and social care needs will be considered as part of the 'supporting people living with and beyond cancer' workstream.
- System pressures experienced in maintaining performance against the national indicators.
- Performance levels of individual hospitals across the West Yorkshire STP footprint, and the associated relationships.
- The impact of delays in diagnosis and/or access to treatment on patients and their families.

On conclusion of the discussion, the Chair thanked the Clinical Director for his attendance and contribution to the discussion.

## **RESOLVED –**

- (a) To note the information presented and discussed at the meeting;
- (b) To identify key milestones within the identified priority areas, alongside the development of any potential substantial service changes, and incorporate these into the future work programme of the Joint Committee.

## **16 Scrutiny of Access to NHS Dental Services - draft terms of reference**

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support, introducing draft terms of reference in

relation to the scrutiny of 'Access to NHS Dental Services across West Yorkshire'.

The draft terms of reference set out proposed key lines of enquiry; an indicative list of interested parties; key documents and indicative arrangements and timescales.

During consideration of the draft terms of reference, the Joint Committee discussed the merits of potentially expanding and broadening the scope of the inquiry to include actions to help promote good oral health, including potential fluoridation of the local water supply. The Joint Committee subsequently agreed to maintain the focus of the inquiry on 'Access to NHS Dental Services'.

**RESOLVED** – To agree the 'Access to NHS Dental Services across West Yorkshire' terms of reference, as presented.

## 17 Work Programme

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

The Principal Scrutiny Adviser addressed the meeting, setting out proposals to structure the Joint Committee's future work programme around the nine work streams identified in the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), but also reflecting earlier discussions during the meeting, including:

- Autism;
- Access to NHS Dental Services across West Yorkshire; and,
- Governance arrangements / proposals in relation to the STP.

**RESOLVED** – That officers continue to work towards developing a proposed future work programme for presentation, discussion and agreement at a future meeting of the Joint Committee.

## 18 Date and Time of Next Meeting

**RESOLVED** – That the date and time of the next meeting be agreed in consultation with the Chair of the Joint Committee.

The meeting closed at 11:50am

**Report of Head of Governance and Scrutiny Support**

**Report to West Yorkshire Joint Health Overview and Scrutiny Committee**

**Date: 24 March 2017**

**Subject: Chairs Update**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**1 Purpose of this report**

1.1 The purpose of this report is to provide an opportunity to formally outline any areas of work and activity of the Chair of the Joint Committee since the last meeting, and which are not covered elsewhere on the agenda.

**2 Main issues**

2.1 Invariably, scrutiny activity can often take place outside the formal Joint Committee meetings. Such activity may involve a variety of actions and can involve specific activity and actions of the Chair of the Joint Committee.

2.2 The purpose of this report is, therefore, to provide an opportunity to formally update the Joint Committee on the Chair's activity/ actions, including any specific outcomes, since the previous meeting in January 2017. It also provides an opportunity for members of the Joint Committee to identify and agree any further scrutiny activity that may be necessary.

2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting, as required.

**3. Recommendations**

3.1 Members are asked to:

- a) Note the content of this report and any additional details provided at the meeting.
- b) Identify and agree any specific matters that may require further scrutiny input/ activity.

#### **4. Background papers<sup>1</sup>**

None used

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

**Report of Head of Governance and Scrutiny Support**

**Report to West Yorkshire Joint Health Overview and Scrutiny Committee**

**Date: 24 March 2017**

**Subject: Scrutiny Inquiry into Access to NHS Dental Services**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Summary of main issues**

1. Currently, accessing routine NHS dental services is difficult for some people in West Yorkshire, particularly in Bradford and north Kirklees. NHS England also report that demand for unscheduled dental care (UDC) in West Yorkshire is rising year on year, an indication that an increasing number of people have to access emergency dental services because they cannot register with an NHS dentist. This has resulted in a UDC overspend of £1.5m across West Yorkshire (2014/15). UDC services are due to be re-contracted in 2017 <sup>1</sup>.
  
2. At its previous meeting in January 2017, the West Yorkshire Joint Health Overview and Scrutiny Committee (WY JHOSC) agreed terms of reference to undertake an inquiry around 'Access to NHS Dental Services'. The agreed terms of reference are attached at Appendix 1.
  
3. To assist the JHOSC consider the issues around Access to NHS Dental Services, specific contributions have been requested from:
  - Local HealthWatch (details attached at Appendix 2)
  - NHS England (details attached at Appendix 3)
  
4. Other contributions from key stakeholders, such as NHS 111 and Local Care Direct (the provider of unscheduled NHS dental care (UDC) in West Yorkshire), may also be presented at the meeting

<sup>1</sup> Report of NHS England – North (Yorkshire and Humber) to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 06 October 2016: Dental Commissioning Update  
<https://bradford.moderngov.co.uk/documents/s11659/Hlt6OctDocM.pdf>

### **Recommendations**

5. That the Joint Committee considers the details appended to this report and provided / discussed at the meeting, and determines any further scrutiny activity and/or recommendations in relation to its inquiry into Access to NHS Dental Services.

### **Background documents<sup>2</sup>**

6. None.

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<sup>2</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

**West Yorkshire Joint  
Health Overview and Scrutiny Committee**

**Scrutiny of Access to NHS Dental Services**

**1. Background**

- 1.1 Currently, accessing routine NHS dental services is difficult for some people in West Yorkshire, particularly in Bradford and north Kirklees areas. NHS England also report that demand for unscheduled dental care (UDC) in West Yorkshire is rising year on year, an indication that an increasing number of people have to access emergency dental services because they can't get registered with an NHS dentist. This has resulted in a UDC overspend of £1.5m across West Yorkshire (2014/15). UDC services are due to be re-contracted in 2017 <sup>1</sup>.
- 1.2 In response to concerns raised directly by patients, access issues have also been highlighted by both local and national Healthwatch organisations (see Key Documents section 4 below).
- 1.3 On 6 October 2016 NHS England reported to Bradford Council Health and Social Care Overview and Scrutiny Committee that it had established a task and finish group to look at how to improve access to NHS dental services and UDC across West Yorkshire. While the group had proposed a number of pilot projects to improve access in West Yorkshire, particularly for vulnerable groups and people in Bradford and north Kirklees, a decision had been made not to proceed due to resource constraints and to allow for work to take place comparing West Yorkshire to other areas of Yorkshire and Humber.
- 1.4 The Bradford Council Health and Social Care OSC resolved:
- (1) That the Committee expresses its disappointment that no action has been taken by NHS England to progress the pilot scheme in Bradford as put forward by the NHS England Task and Finish Group.*
- (2) That the Committee's Members of the West Yorkshire Joint Health Overview and Scrutiny Committee (WYJHOSC) raise the issue of access to NHS Dentistry to be considered at a sub-regional level.*
- 1.5 In line with resolution (2) above, a Committee Member raised the issue at the meeting of the WYJHOSC held on 18 November 2016. It was agreed that the issue be included in the forward plan for the Joint Committee.

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<sup>1</sup> Report of NHS England – North (Yorkshire and Humber) to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 06 October 2016: Dental Commissioning Update <https://bradford.moderngov.co.uk/documents/s11059/Hlt6OctDocM.pdf>

## 2. Key Lines of Enquiry

The proposed key lines of enquiry are:

- 2.1 To receive an update on the work of the task and finish group, including any proposed pilot projects;
- 2.2 To receive information on demand for, and provision of, unscheduled dental care and proposals for the re-contracting of the service;
- 2.3 To examine the impact/pressures on other parts of the health and care system when people are unable to access routine NHS dental care;
- 2.4 To explore possible new models for delivering dental care in communities.

## 3. Indicative list of interested parties

- NHS England – North (Yorkshire and Humber)
- West Yorkshire Healthwatch organisations
- Local Dental Committees (dentists)
- Local Care Direct (111 service)
- Yorkshire Ambulance Service
- Clinical Commissioning Groups (primary care and accident and emergency leads)
- Sustainability and Transformation Plan leadership

## 4. Key Documents

- Report of NHS England – North (Yorkshire and Humber) to the meeting of the Bradford Council Health and Social Care Overview and Scrutiny Committee to be held on 06 October 2016: Dental Commissioning Update.
- Report of Healthwatch Bradford and District to the meeting of the Bradford Council Health and Social Care Overview & Scrutiny Committee to be held on 6th October 2016: Access to NHS Dentistry in Bradford District.
- ‘Why can’t I find an NHS dentist in Kirklees?’ Healthwatch Kirklees (2014).
- ‘Access to NHS Dental Services: What people told local Healthwatch’ – Healthwatch England Evidence Review (November 2016).

## 5. Indicative arrangements and timescale

- 5.1 It is proposed to hold a special, single issue meeting of the WYJHOSC to be held in Bradford before the end of April 2017.



- 5.2 The Committee will receive reports and make any recommendations it considers appropriate.
- 5.3 The Committee will consider the most appropriate approach and timing for receiving responses to any agreed recommendations and subsequent progress monitoring. This may include monitoring progress via regular business meetings of the WYJHOSC.

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Healthwatch West Yorkshire  
Peoples experience of NHS Dentistry  
West Yorkshire Joint Scrutiny  
March 24<sup>th</sup> 2017

Page 15

1. What people have been telling us about NHS Dentistry in West Yorkshire
2. Key issues
3. Our ask



**Healthwatch Bradford** spoke to 1,019 people in a survey carried out from January to March 2016.

We talked to people in the local transport interchange, bus stops, shopping areas, the city market, pharmacies, community and advice centres, children's centres and GP practices. The survey was also promoted through the local media, Healthwatch website, and social media.

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### **Headline findings:**

- 43% did not have an NHS dentist
- 30% of parents told us their child/children did not have a dentist

For those with a dentist:

- 39% of people with a dentist had experienced problems finding a dentist in the past
- 21% who had a dentist said it was difficult for them to get to their current dentist, with many travelling out of the area to see an NHS dentist
- Most who had a dentist reported that they were happy with their care



## Trying to find an NHS dentist:

- 403 people had no dentist but wanted to find one
- 74% of people said they had tried but couldn't find a local dentist accepting NHS patients
- 45% had contacted local dentists
- 31% tried internet searches
- 28% asked family and friends
- 25% had used NHS Choices
- 17% had contacted NHS 111
- 21 people said they didn't know how to find an NHS dentist

## Impact

- 10% of those who don't have routine NHS dental care have had to attend A&E because of dental pain
- A further 20% of people have used emergency dental services
- Other people told us that they had resorted to 'DIY dentistry' including extracting their own teeth



## Urgent Care Dentistry- January 2015

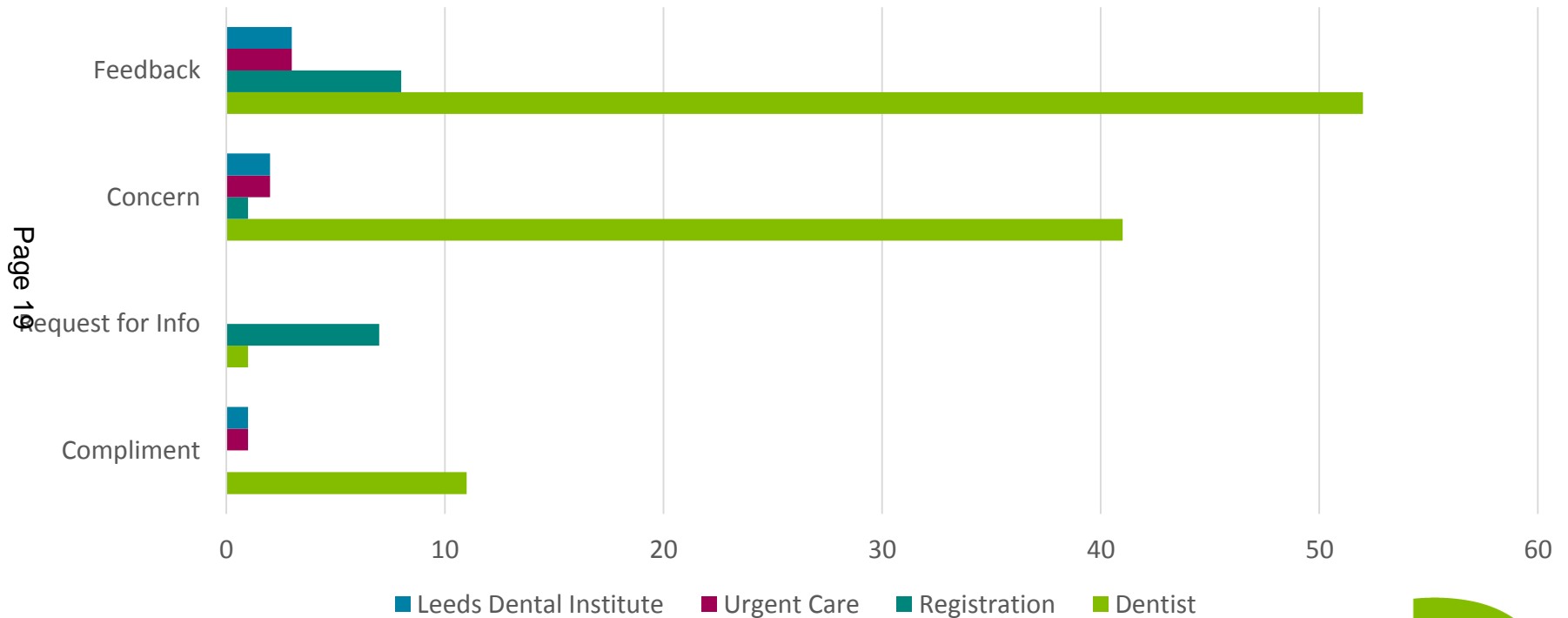
Healthwatch Leeds spoke with 34 people at Lexicon house an Urgent Dental Care Centre in Leeds.

- Most users of this service were not registered with a dentist - the main reason being that patients could not find one in their local area.
- Patients found it easy to make an appointment to see an emergency dentist. Patients seemed to be satisfied with the quality of the urgent care service provided at both Lexicon house and the Dental hospital.

You can read a full copy of the report [here](#)



## Healthwatch Leeds Feedback on Dentistry 2016 enquiries made/feedback shared



## Children's (0-5) Oral Health in Wakefield

Wakefield has a significantly higher local average (1.37 compared to the English average of 1.11) when assessing mean decayed/missing/filled deciduous teeth in 5 year olds\*

In February 2016 Healthwatch Wakefield spoke to parents/carers of 29 children at Pinderfields Hospital waiting to have one or more teeth extracted.

- 28 children were registered with a dentist, so access doesn't appear to be the issue.
- 5 children were having extractions for the second time.
- 8 children had siblings who had also had dental treatment under anaesthetic.
- 79% of parents/carers said they would look on the internet for advice on how to look after their children's teeth, especially for practical tips.
- There was no information given post-surgery about future long term care of children's teeth.

\*(NCHOD, 2007/08).





# Why can't I find an NHS dentist in Kirklees? February 2014

Patients are routinely given misleading information about the availability of NHS dentists in Kirklees, leaving them confused and frustrated.

Significant numbers of patients in Kirklees are struggling to find an NHS dentist for routine NHS treatment.

Unequal access to NHS dentistry across Kirklees may be contributing to the wider issue of health inequalities.

NHS dental contracts appear to be inflexible, based on historical demand and not an objective assessment of need, demand or accessibility. There is currently no NHS Dental Access Strategy for Kirklees.

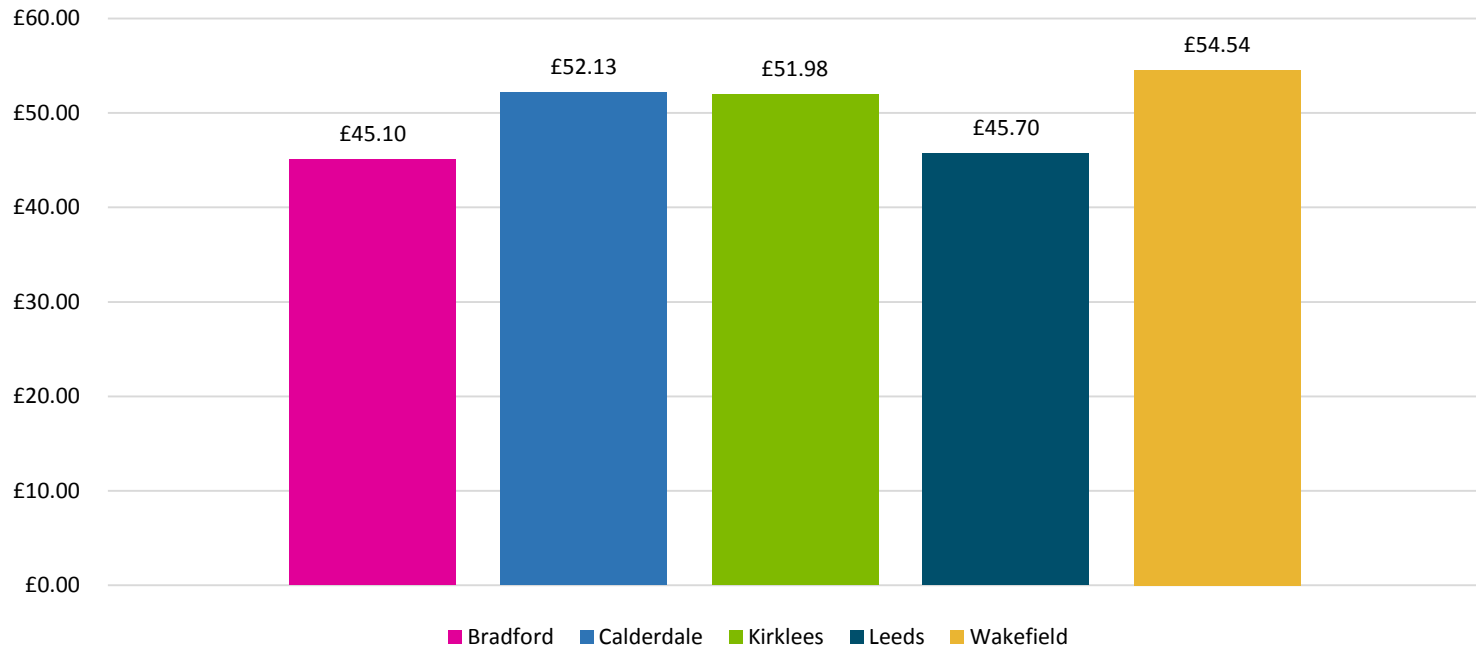
There were examples of poor practice which need to be raised with NHS England, the commissioner for NHS dentists.

There is a developing issue specifically around dentures for older people, linked to the ageing population in Kirklees.

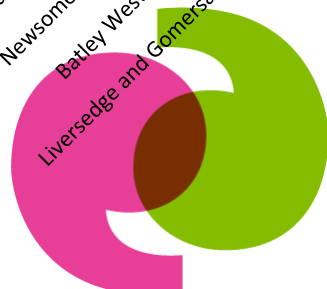
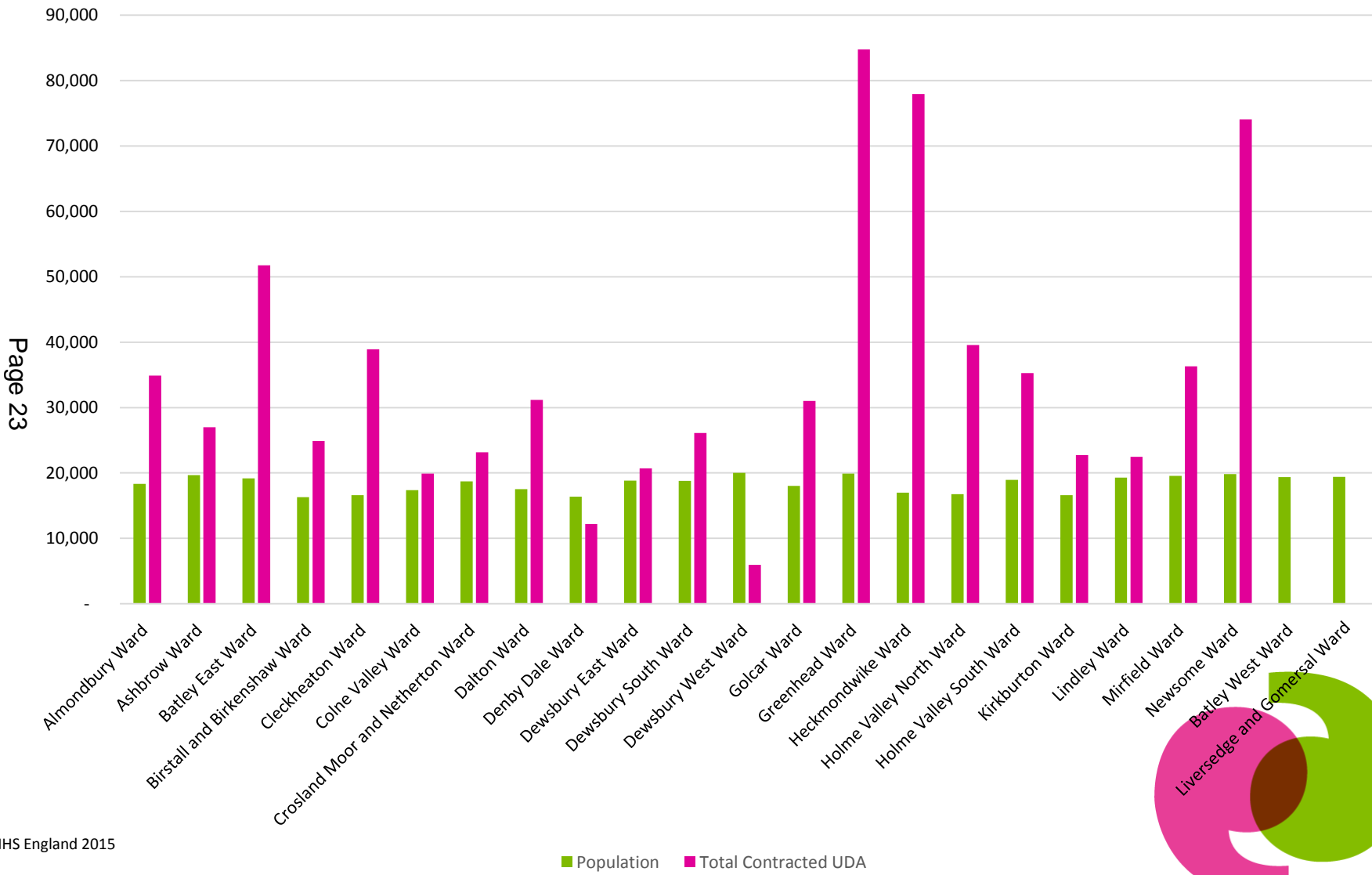


# Inequalities in Spend Across West Yorkshire 2015

Spend per Capita across West Yorkshire



# Kirklees Ward Population and Contracted UDAs



## Batley and Dewsbury had worse oral health than other areas

The number of decayed/missing/filled teeth of children under five was 3.8 in Batley and 3.0 in Dewsbury, compared with 1.5 nationally in 2006

*Kirklees JSNA (2013)*



# Dentistry Review February 2016

Conversations with 800 people in Kirklees focussed on Dewsbury & Batley Area.

## Patients with NO NHS dentist

60% of patients surveyed do not have an NHS dentist. Over 50% of these patients are currently experiencing dental pain.

90% of patients can't find a dentist taking on NHS patients.

1 out of 5 patients used to have an NHS dentist but were taken off their dentist's list.

Over 50% of patients without a dentist have had to attend the Out-of-Hours dentist and A&E for dental pain.

## Patients with an NHS dentist

Only 38% of patients surveyed have an NHS dentist.

70% of patients who have an NHS dentist visit the dentist every 6 months.

42% of people who have an NHS dentist have only had a check-up in the last two years.

\*When looking for an NHS dentist, 47% of patients been offered private treatment or a dental care plan.



# Where do I find a dentist?

NHS111?

Don't  
Know???

NHS Choices  
Website??

Local  
Dentist?

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# Results for Dentists in WF12 8DJ

Email  Print  Export 

Store WF12 8DJ as your main location for future visits?

Narrow search or start new search

Showing 1-10 of 739 results | Results per page   |  [See results on a map](#)







































Address & contact details	NHS Choices users rating	Currently accepting new adult patients that pay for their care	Currently accepting new adult patients that are exempt from paying for care	Currently accepting new patients aged between 0-18 years
<b>Empire House Dental Surgery</b>  Tel: 01924 464752 Unit 10, Empire House Wakefield Old Road Dewsbury WF12 8DJ 0.0 miles away   <a href="#">Get directions</a>  	 1 rating <a href="#">Rate it yourself</a>	 Fee-paying adults: No	 Charge-exempt adults: No	 Children aged 0-18 years: No
<b>Baker &amp; Rigby Dental Surgery</b>  Tel: 01924 465846 10 Church Street Dewsbury W Yorkshire WF13 1LB 0.2 miles away   <a href="#">Get directions</a>  	 10 ratings <a href="#">Rate it yourself</a>	 Fee-paying adults: No	 Charge-exempt adults: No	 Children aged 0-18 years: No



ASA 





Address & contact details	NHS Choices users rating	Accepting NHS patients by referral only	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients	Urgent NHS dental appointments
<b>Dewsbury Dental Care</b>						
<p>Tel: 01924 457999</p> <p>43 Savile Road Dewsbury W Yorkshire WF12 9PJ 0.2 miles away   <a href="#">Get directions</a></p>  	 4 ratings <b>Rate it yourself</b>	 Only by referral from a dental practitioner: Data not available	 Fee-paying adults: Data not available	 Charge-exempt adults: Data not available	 Children aged 0-18 years: Data not available	 Provides urgent dental access slots: Data not available
<b>Church Street Dental Surgery</b>						
<p>Tel: 01924 465846</p> <p>10 Church Street Dewsbury W Yorkshire WF13 1LB 0.5 miles away   <a href="#">Get directions</a></p>  	 18 ratings <b>Rate it yourself</b>	 Only by referral from a dental practitioner: Data not available	 Fee-paying adults: Data not available	 Charge-exempt adults: Data not available	 Children aged 0-18 years: Data not available	 Provides urgent dental access slots: Data not available
<b>Empire House Dental Surgery</b>						
<p>Tel: 01924 464752</p> <p>Unit 10, Empire House Wakefield Old Road Dewsbury WF12 8DJ 0.6 miles away   <a href="#">Get directions</a></p>  	 3 ratings <b>Rate it yourself</b>	 Only by referral from a dental practitioner: Data not available	 Fee-paying adults: Data not available	 Charge-exempt adults: Data not available	 Children aged 0-18 years: Data not available	 Provides urgent dental access slots: Data not available
<b>Dewsbury Dental Centre</b>						
<p>Tel: 01924 465880</p> <p>15 Halifax Road W Yorkshire WF13 2JH 0.8 miles away   <a href="#">Get directions</a></p>  	 11 ratings <b>Rate it yourself</b>	 Only by referral from a dental practitioner: No	 Fee-paying adults: No	 Charge-exempt adults: No	 Children aged 0-18 years: Yes	 Provides urgent dental access slots: No
<b>O'DONOVAN NV MR</b>						
<p>Dewsbury Dental Centre</p> <p>15 Halifax Road DEWSBURY West Yorkshire WF13 2JH 0.8 miles away   <a href="#">Get directions</a></p>	 No ratings yet <b>Rate it yourself</b>	 Only by referral from a dental practitioner: Data not available	 Fee-paying adults: Data not available	 Charge-exempt adults: Data not available	 Children aged 0-18 years: Data not available	 Provides urgent dental access slots: Data not available

Source:  
NHS Choices,  
9th March 2017, 9am



# Dentistry Calls to NHS 111

Area	Number of calls to NHS 111	Cost per call
West Yorkshire	82930	£9.18

**Total cost:**  
**£761,297.04**

Source NHS England Sept 2015

\*In July NHSE Closed down the Leeds Dental Advice Line so this figure may increase.



# Alice's story



# Understanding Band 1 recall rates

## Patients with an NHS dentist (HW Kirklees 2016)

70% of patients who have an NHS dentist visit the dentist every 6 months.  
42% of people who have an NHS dentist have only had a check-up in the last two years.

NICE Guidelines say that people with Healthy Teeth can have a recall rate of up to 2 years.

At a time when 20% of people can't find a dentist, significant numbers of people are just going for check-up after check-up after check-up and often having little or no treatment beyond a quick polish.

Can you think of any other part of the system, where we prioritise checking fit and healthy patients over those who are in pain?



# Understanding Band 1 recall rates

## Discussions with NHS Business Authority

- Average recall rate in West Yorkshire is just over 6 months
- Average re-attendance rate in West Yorkshire is 7.8 months
- Only 1% of patients are given a recall rate of 12 months or over

## What would happen if

- Patients with healthy teeth and good oral hygiene were empowered to look after their own teeth more and come to the dentist less often?
- Dentists recalled patients in line with NICE guidance?
- Could we use some of appointments that this would free up, to help increase access to NHS Dentists for people who don't have a dentist?



						England, Wales and Isle of Man
		Child	Exempt	Non- Exempt	All patients	All patients
	Actual number of FP17s	288,792	92,482	396,632	777,906	15,673,453
	Current reattendance interval (months)	7.5	7.6	8.1	7.8	8.1
Spend at £25 per UDA where average interval is:	Estimated current spend	£7,219,800	£2,312,050	£9,915,800	£19,447,650	£391,836,325
	9 months	£5,980,084	£1,949,947	£8,879,280	£16,810,560	£353,927,306
	10 months	£5,382,076	£1,754,952	£7,991,352	£15,129,504	£318,534,576
	11 months	£4,892,796	£1,595,411	£7,264,865	£13,754,095	£289,576,887
	12 months	£4,485,063	£1,462,460	£6,659,460	£12,607,920	£265,445,480
	15 months	£3,588,051	£1,169,968	£5,327,568	£10,086,336	£212,356,384
Saving	9 months	£1,239,716	£362,103	£1,036,520	£2,637,090	£37,909,019
	10 months	£1,837,724	£557,098	£1,924,448	£4,318,146	£73,301,749
	11 months	£2,327,004	£716,639	£2,650,935	£5,693,555	£102,259,438
	12 months	£2,734,737	£849,590	£3,256,340	£6,839,730	£126,390,845
	15 months	£3,631,749	£1,142,082	£4,588,232	£9,361,314	£179,479,941
UDA Saving	9 months	49,589	14,484	41,461	105,484	1,516,361
	10 months	73,509	22,284	76,978	172,726	2,932,070
	11 months	93,080	28,666	106,037	227,742	4,090,378
	12 months	109,389	33,984	130,254	273,589	5,055,634
	15 months	145,270	45,683	183,529	374,453	7,179,198



# West Yorkshire STP & Chief Dental Officers project

Pilot Project to increase band 1 recall rates in West Yorkshire

Supported by Sara Hurley Chief Dental Officer, Public Health England, General Dental Council.

Supported by Standardisation workstream on West Yorkshire STP

## Objectives

The objectives of the project are:

- To gain understanding of what are the main influences on agreed recall intervals for orally health people
- To develop and test ways of increasing recall intervals between dental check-ups in West Yorkshire
- To measure the impact that this has on patient behaviour and dental contractors' behaviour
- To measure the increase in new patients that are seen as a result of this project
- To design a programme of work that can be replicated across England and Wales in 2018/19



## Our ask

1. NHS England to generate an accurate list of which dental practices have availability so that all stakeholders can give people good information
2. NHS England to require that practices update their NHS Choices records accurately to provide good quality information to patients.
3. NHS England to commit to investigate any NHS dentist who “de-registers” patients who ask for longer recall rates.
4. NHS England to engage with and actively support the West Yorkshire STP & Chief Dental Officer’s project to improve access to NHS Dentistry in West Yorkshire.
5. The support of West Yorkshire Joint Health Scrutiny in achieving these requests.





## Joint Health Overview and Scrutiny Committee

24 March 2017

### Access to NHS Dental Services

#### 1. Summary

NHS England North (Yorkshire and Humber) have implemented a pilot access project within Bradford and Kirklees to test the model and obtain feedback. An Access Strategy Group is to be set up to look at the access to NHS dental services across Yorkshire and Humber to prioritise areas of highest need of additional services and to ensure that the services meet the needs of those patients. This group will work closely with the Urgent Care Working Group which has already been set up and is reviewing the services across Yorkshire and Humber with a view to proposing a Yorkshire and Humber wide model.

#### 2. Report issues

NHS England produces a Dental Dashboard on a quarterly basis which gives details of the number of patients seen in the relevant Clinical Commissioning Group area within the last 24 months. For West Yorkshire the details are as follows:

Location	Patients seen in the last 24 months				Percentage of population seen in the last 24 months
	January 2016	January 2017	Change	Changes in the last quarter	
<b>Bradford</b>	294992	297318	+2,326	+336	56%
<b>Kirklees</b>	263438	265004	+1566	+87	61%
<b>Calderdale</b>	128992	129295	+303	+32	62%
<b>Leeds</b>	449227	458919	+9692	+887	59.3%
<b>Wakefield</b>	222889	224229	+1245	-95	67.2%

While there has been an increase in the number of patients seen in the last 24 months the rate of the increase has slowed in the last quarter shown on the January 2017 report. To help in addressing this NHS England has agreed to fund a short term pilot (January to March 2017) to look at a different model of care for patients. A proposal is to be submitted to the Yorkshire and Humber Senior Management Team for this to be extended for a further three months.

### 3. Options

#### Overview of the West Yorkshire Scheme:

Practices participating in the scheme are required to keep free an agreed number of one-hour slots in which to see four new patients. They have agreed to provide full courses of treatment, offering further appointments where appropriate. Patients are directly booked in to these slots by Local Care Direct (LCD), via 111. A retainer is paid to practices to keep the surgery time free, and 12.8 UDAs per slot (or 3.2 UDAs per patient) are also awarded. Participating practices are required to deliver the additional UDAs awarded as part of this scheme, in addition to their contracted UDAs, in the 2016/17 financial year.

23 practices are participating in total (9 in Bradford City, 8 in Bradford District and 7 in North Kirklees). The scheme will see a maximum of 4260 new patients seen (1,764 in Bradford City, 1,292 in Bradford District and 1,204 in North Kirklees), and will see a maximum additional 13,582 UDAs delivered in these areas in 2016-17 (5,644 in Bradford City, 4,135 in Bradford District and 3,675 in North Kirklees).

Originally, none of the practices in Dewsbury expressed interest in participating in the scheme. Patients from Dewsbury have been travelling to attend appointments in the surrounding towns in North Kirklees (35% of North Kirklees appointments were filled by Dewsbury patients), however LCD have noted that the majority of Dewsbury patients are unwilling to travel for these appointments. Following discussions with the Dewsbury practices, one will now participate and provide 40 appointments for new patients in March.

#### Feedback received to date:

- There has been lower than expected activity at LCD: In January 92.5% of Access Scheme appointments were filled in Bradford, and 66.95% in North Kirklees (84.29% in total)
- There has been a relatively high rate of patients failing to attend appointments: 18% in January (the LCD UDC rate is usually around 10%)
- Activity at the Bradford urgent care service at BRI has “at times been significantly affected by the diversion of patients into regular practice appointments, although this is not happening on a daily basis”
- The scheme is running at the end of the financial year, when providers are less likely to have additional capacity as they are focused on delivering their baseline activity before year-end. Feedback from practices who did not express interest suggests that if they had been offered the chance to participate earlier in the financial year, they would have had time to plan for it.

To address the low activity at LCD, and the effect on the Bradford UDC service, we have given practices the opportunity to book two patients to give the opportunity to fill some of their Access Scheme appointments themselves, with new patients either from their waiting list or from patients calling or walking into the practice and

requesting appointments. We will be able to assess how effective this approach has been when we receive the March data from LCD in early April.

The challenges of low activity at LCD and patients failing to attend are somewhat mitigated, as the additional UDAs awarded under the scheme still being delivered in Bradford and North Kirklees, which are under-commissioned in comparison to other areas of West Yorkshire.

### **Evaluation:**

Data from Local Care Direct, as well as logs of the patients seen under the scheme that are submitted by practices themselves, provides valuable information including:

- **patient flow:** which areas are patients coming from and which areas or practices do they prefer to travel to or prefer not to travel to, for treatment
- the treatment bands being carried out under the scheme: urgent, band 1, band 2 or band 3
- the rate of patient failure to attend at each practice or in each area

NHS England have also been gathering feedback from LCD and from participating practices on the aspects of the scheme are working well, and on what aspects could be improved. A survey of patients seen under the scheme will also be conducted in the final two weeks of March, via questionnaire, to gain insight on how the scheme is working from a patient perspective.

This information will be instrumental in informing the wider Yorkshire and The Humber Dental Access Strategy.

A Working Group of Commissioners, Dentists, Consultant in Dental Public Health, Healthwatch representation is to be set up to develop an Access Strategy to maximise the current provision and identify where additional capacity is required and the best model to address this shortfall. The strategy will cover the whole of Yorkshire and Humber and will focus on the areas that have the highest challenges for dental access. The strategy will link in closely with the Urgent Care working group (details below). This work will be started in the next two weeks and will be completed and agreed with the Yorkshire and Humber Direct Commissioning Management Team in June 2017.

NHS England – North (Yorkshire and the Humber) have recently developed an Urgent Dental Care working group to drive forward a Yorkshire and the Humber-wide project to commission equitable, appropriate, timely, high quality and responsive urgent care dental services that demonstrates value for money, and is consistent with the overarching dental access strategy.

The Urgent Dental Care working group is reviewing the current services and all composite contractual schedules and formally recommends a proposal to redesign a single Yorkshire and the Humber Urgent Dental Care service, aligned to and augmented by the enhanced Clinical Assessment Service within NHS 111, and

linked to the ongoing Access Strategy for primary dental services across this defined geography. This will require appropriate access and treatment elements, as well as advice and signposting, and it is envisaged that the overarching strategy will be submitted for Board approval in August 2017, for a service commencement date of 1st April 2018. This will be informed by patient and stakeholder engagement, currently being scoped for roll out in April and due for completion in May 2017.



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**Report of Head of Governance and Scrutiny Support**

**Report to West Yorkshire Joint Health Overview and Scrutiny Committee**

**Date: 24 March 2017**

**Subject: Work Programme**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Summary of main issues**

1. The Draft West Yorkshire and Harrogate Sustainability and Transformation Plan (WY&H STP) was submitted to NHS England on 21 October 2016. The draft plan, alongside a public summary for consultation, was subsequently published on 10 November 2016.
  
2. The WY&H STP was subsequently considered at the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) at its meeting on 18 November 2016.
  
3. The WY&H STP highlighted that over recent months the leadership and staff of the West Yorkshire and Harrogate health and care organisations have been working together on how to respond to the significant health and care challenges faced across West Yorkshire and Harrogate.
  
4. The WY&H STP also highlighted that, while underpinned by the six locality plans (covering Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield), a range of work / activity was also being undertaken collectively, across the wider STP area. This work / activity being determined by one or more of the following:
  - Services cut across the area and beyond the six local places.
  - There is benefit from doing the work once and sharing, so we make the best use of the skill and expertise we have.
  - Working together can deliver a greater benefit than working separately.

5. On this basis, the following areas / priorities have been identified in the WY&H STP:
  - Prevention
  - Primary and community services
  - Mental health
  - Stroke
  - Cancer
  - Urgent and emergency care
  - Specialised services
  - Hospitals working together
  - Standardisation of commissioning policies.
6. It is proposed to base the majority of the Joint Committee's future work programme around the nine priority areas identified above, taking account of the key milestones within each project area. However, as plans within the priority areas are still under development, it remains difficult to identify key milestones at this time to inform the development of an outline work programme.
7. Nonetheless, in the absence of any outline project plans, the Joint Committee may wish to set out a provisional work programme, whereby 2 or 3 priority areas are considered on a rolling basis. The Joint Committee will also need to consider the frequency of future meetings and the resources available to support its work programme.

#### Other areas / issues

8. While it is proposed to develop a future work programme around the key milestones within each of the nine WY&H STP priority areas identified above, there remains an opportunity to incorporate other specific areas within the overall work programme.
9. For example, based on discussion at the meeting in November 2016, the Joint Committee previously identified the following areas / matters for the work programme:
  - Autism;
  - Access to NHS dental services; and,
  - The development of the WY&H STP governance arrangements
10. Prior to the development of the WY&H STP, the Joint Committee had also previously identified work around the Urgent and Emergency Care Vanguard and the West Yorkshire Association of Acute Trusts (WYAAT) for specific consideration. It should be recognised that these areas may form part of the nine priority areas with the STP.
11. At the previous meeting of the Joint Committee, it was agreed that officers continue to work towards developing a proposed future work programme for presentation, discussion and agreement at a future meeting of the Joint Committee. While this work remains on-going, the Joint Committee may wish to identify specific matters for inclusion within the future work programme.

#### **Recommendations**

12. That the Joint Committee considers the details presented in this report and identifies any specific matters for inclusion within the future work programme.

#### **Background documents<sup>1</sup>**

13. None.

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