

<b>MEETING:</b>	Overview and Scrutiny Committee - Healthy Barnsley Workstream
<b>DATE:</b>	Tuesday, 30 November 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, Cain, Fielding, Gollick, Hayward, Lodge, Newing, Noble, Osborne, Smith, Tattersall, Wilson, Wraith MBE and Wray together with co-opted member Ms. G Carter (attended virtually)

### 32 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

### 33 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Ennis declared a non-pecuniary interest in Minute No. 36 as he is a non-Executive Director of Barnsley Health Federation. He vacated the Chair during discussion of this item. Councillor Newing also declared a non-pecuniary interest in Minute No, 36 as she is employed by the NHS.

### 34 Minutes of the Previous Meeting

The minutes of the meeting held on 2<sup>nd</sup> November 2021 (Growing Barnsley Workstream) were received.

### 35 Dental Services in Barnsley

The following witnesses were welcomed to the meeting:

Deborah Pattinson, Dental Commissioning Lead – Yorkshire & the Humber, NHS England and NHS Improvement  
Michael Speakman, Secretary, Barnsley Local Dental Committee  
Margaret Naylor, Chair of the Local Dental Network South Yorkshire and Bassetlaw

Deborah Pattinson introduced this item and provided the Overview & Scrutiny Committee (OSC) with an update from NHS England and NHS Improvement on dentistry, including dental provision in Barnsley; the impact of Covid 19; and the key challenges faced. A position statement was also provided by Healthwatch Barnsley to demonstrate what they are hearing from Barnsley residents, the work they have done and the next steps they plan to take to help improve dentistry services for residents across the borough.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

The Chief Dental Officer instructed all dentists to close at the start of the Covid-19 pandemic in March 2020 whilst at the same time establishing an emergency urgent dental care network, with a view to practices reopening in June. Practices have been delivering a much reduced dental service because of the measures which had to be put in place to keep staff and patients safe, with urgent care prioritised. This has led to a growing backlog of non-urgent work. Nationally there is also a contract restriction in place, managed locally and regionally. All finances are allocated within the dental contract in perpetuity and include orthodontics and community surgery. Flexible commissioning has been paused during the pandemic and a different type of contracting approach may be needed.

The tremendous difficulties facing dentistry at the moment were highlighted, including the increased need for PPE; the impact of social distancing requirements and stringent infection control measures which mean that following a dental procedure with a drill the surgery has to be left fallow for a significant period of time, which in turn limits the capacity of the dentist to do other routine and non-urgent work, including orthodontics referrals and oral surgery. However, it was reiterated that all patients in pain and/or vulnerable are seen as a priority and many of Barnsley's dentists have stepped up and volunteered to become urgent dental practices. There have also been difficulties in finding dentists and nurses to work in Barnsley, which will remain as a challenge when things return to normal.

Barnsley has no stand-alone urgent dental care centre but patients can access urgent dental care via a call centre and will be offered emergency dental care close to their address - although it seems that in practice patients are usually asked to travel to Sheffield. Each practice should act as an urgent dental care centre and should see patients regardless of their home address. Barnsley dentists have all worked extremely hard to continue to provide services. A separate 'hub' would require staffing with additional dentists and this would be difficult to do, given local and national recruitment difficulties. It is unclear why this is, although dentists from abroad have been lost due to Brexit (particularly from Spain and Portugal) and it will be a problem for the next 5/10 years. Training numbers remain fairly stable. It is a very long process to recruit dentists from overseas.

It is not possible to give a geographical breakdown of the areas of highest demand for urgent dental care as each dental practice records Units of Dental Activity (UDAs) delivered, not the geographical location of patients, although it may be possible to obtain this information through calls to the 111 service.

According to Healthwatch Barnsley, over 70% of calls received by them were in respect of patients being unable to access routine dental appointments. It was explained that routine active care appointments within 1-2 months. However, this does not include check-ups and this may mean that more dental work will be required in the future. This can't be helped, as urgent care must be prioritised.

It is not possible to determine how many dentists Barnsley needs, as practices keep their own staff records and some will be fully NHS and/or part private. Practices are currently putting in place new infection control measures in order to recommence

routine work, with a 65% activity target. Private dental practices are subject to the same decontamination procedures and must provide their own PPE. Where practices are able to they are already offering regular appointments and many Members had personal experience of receiving dental care during the pandemic and spoke very positively of the services received. Dental contracts are measured by Units of Dental Activity (UDAs), not how many full or part time staff are employed or the size of population they serve.

A member reported that there are 55 registered NHS dental practices in Barnsley. Some of these will provide services in other areas outside of Barnsley. GP contracts are based on population numbers and patient lists, but dental contracts work to a different delivery model and don't cater for 100% of the population. This model of contracting started in 2006, with no end date, and does not take account of population growth or the need for additional dentists in the area over time.

Remote working (as in primary care) for dentists is problematic as patients have to be physically present. As yet there is no technology available to assist with remote triaging. Ventilation systems have been installed in some practices, with tools which don't require aerosols - this will help to avoid cross contamination.

Elderly patients in care homes are usually brought into the surgery, although some dentists who have a contract to deliver services in care homes will visit the homes in full PPE if needed. However, many homes don't want people going in at the moment.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Thanks be expressed to the dental practices in Barnsley who have strived to deliver services throughout the pandemic; and
- (iii) Through local MPs, the delivery model for dental contracts should be reviewed nationally through Parliament, to look at both contract perpetuity and also financial provision for areas affected by population growth
- (iv) The possibility of Barnsley having a 111 walk-in UDC service should be investigated.

### **36 Barnsley Urgent & Emergency Care (UEC) Delivery Board Strategic Winter Plan 2021/22**

The following witnesses were welcomed to the meeting, some of whom attended and contributed virtually:

Wendy Lowder, Executive Director Adult & Communities, BMBC

Julie Chapman, Service Director Adult Social Care & Health, Adults & Communities, BMBC

Andrew Osborn, Interim Service Director Commissioning & Integration, Adults & Communities, BMBC

Carrie Abbott, Service Director Public Health & Regulation, BMBC

James Barker, Chief Executive Officer, Barnsley Healthcare Federation  
Bob Kirton, Chief of Delivery and Deputy CEO, Barnsley Hospital NHS Foundation Trust  
Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnership Foundation Trust  
Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group  
Councillor Jenny Platts, Cabinet Spokesperson Adult & Communities, BMBC  
Harry Truelove, Yorkshire Ambulance Service.

Councillor Jenny Platts introduced this item, highlighting that winter itself is not an emergency but part of essential future planning, with local plans providing resilience to enable us to manage pressures. The Winter Plan for 2021/22 has had input from all health and care partners in Barnsley, with lessons learned from 2020/21.

Jamie Wike reiterated that the purpose of the winter plan is not to duplicate or replace any of the existing plans, but a plan to manage the additional pressures of winter. There are 4 key pressure points, linked to the pandemic, which have placed additional pressure on an already stretched health and care system:

1. Covid pressures remain very high
2. Non-covid health problems are move severe
3. The workforce is depleted by sickness and recruitment challenges, and
4. This pressure is across the whole of the health and care sector.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

There has been a reduction in covid case rates but these remain high. Hospitalisations are lower than the peak but are still very high. Death rates are 32 times greater in unvaccinated people. High vaccination rates equate to low infection rates and this will be crucial as we move through the winter plan. Non covid-related mental and physical health levels are close to pre pandemic levels. Workforce pressures (staff absences, recruitment etc) are severe across every part of the health and care sector. All of winter will be complicated and pressurised, but lessons have been learned and risks and challenges identified. 4 areas - preventing/minimising urgent care demand, access to urgent/same day care and treatment, treatment (in-patient care) and flow, discharge and out of hospital support.

The Winter Plan is monitored and assessed daily through health and care partner SitRep phone calls to consider presenting challenges, with a senior level system wide call several times a week. The Urgent and Emergency Care Board and Integrated Care Partnership are also involved in monitoring the plan. The flexibility and agility of services to respond is more challenging as the pace of response is often based on service capacity, staffing levels etc. Conversation take place every week and this has been successfully managed over the last few winters. The focus is on patient safety and escalation frameworks are in place, with trigger points across each organisation. The plan is followed every day, 7 days a week. Organisations across the whole sector work well together, flexing and adapting to peaks and troughs and other pressures.

Members felt that often people attend the Accident and Emergency Department when this is not necessary and that this should be discouraged. Strong navigation at the 'front door' and clear communication messages are in place but unfortunately some will choose to attend A&E rather than another setting, particularly if they have experienced difficulties accessing GP services. Many patients are frustrated at not being able to access services and the messages about waiting times, the importance of uptake of vaccination and the need for people to be sensible and do the right thing should be strengthened.

Yorkshire Ambulance Services (YAS) are experiencing unprecedented demand on Emergency Category 1 and 2 calls, but a reduction in Category 4, which seems to indicate that people are ringing the services they need. Response times are below optimum levels, which is due to demand and prioritising Category 1 and 2 cases. People are encouraged to call 101, which was created to reduce pressure on the 999 system. Recruitment of paramedics is challenging and more are needed. Pathways and career progression is being explored to address this, alongside creative ways of working around triage. Ambulance services in Barnsley are under more pressure than South Yorkshire neighbours but are nonetheless performing well. More information around performance will be provided.

GP services have been experiencing many pressures and challenges and work is underway to improve GP telephone systems but this will take some time and still requires staffing. It has helped that Barnsley now has just one Primary Care network, enabling GPs to work closely together. One improvement during the pandemic has been the aligning of Physiotherapists to individual GP practices.

Very few people experience delayed discharge from hospital due to strong discharge processes. However, the nature of the care market in Barnsley needs to change, working to 'home first' principles with good quality home based care. There is a gap in the market for residential care provision for those with dementia and mental health needs, which is being explored and developed. The Overview and Scrutiny Committee task and finish group are looking into early diagnosis of dementia alongside a network of organisations. Review findings will be reported back through Scrutiny. The Third Sector Dementia Alliance will also be holding a Member briefing on dementia.

Members were reassured that although some hospital departments - such as oral surgery - have experienced difficulties, patients are risk assessed and get the care they need. Elective care beds are protected throughout the winter to help with sustained recovery. The 2-week Cancer target is being achieved, although there is some pressure on the 62 day target. There is no evidence to suggest that people are deterred from seeking treatment and communication messages are clear that if people need to use services they should come forward.

Workforce issues are a universal challenge across the whole health and care community, with some organisations more affected than others. Recruitment to care is very difficult and it is impossible to recruit to some posts. The sector needs to work together to raise the profile of some posts/careers and also to address issues such as the implementation of the Living Wage and the development of a Health and Care Academy. Receiving the Pride of Barnsley award, the Covid-19 memorial and the Freedom of the Borough award go a long way to helping to recognise the valuable

work done across the health and care sector, which is much appreciated. We have to all work together and look after each other.

**RESOLVED** that

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Thanks be expressed to all health and social care workers for their hard work and commitment to Barnsley,
- (iii) Town centre provision to support individuals under the influence of excess alcohol be explored in order to reduce demands on A & E;
- (iv) A more rigorous approach be explored around communicating information relating to primary care options, e.g. Pharmacy First, NHS111 and iHeart to reduce unnecessary demand on A & E; and
- (v) Yorkshire Ambulance Service to provide the Committee with performance data in relation to response times.

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Chair