

## **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

Friday, 17 March 2023

**PRESENT** – Councillors Layton (Chair), Mrs H Scott, Creevy, Watts, Cunningham and Hall

**APOLOGIES** – Councillors Cook, Smith, Blades, Hellaoui, Rees and Smith

**ABSENT** – Councillors and Gamble

**ALSO IN ATTENDANCE** – Craig Blair (North East and North Cumbria Integrated Care Board), Pauline Fletcher (NHS England and NHS Improvement - North East and Yorkshire), Tom Robson (Durham and Darlington and Tees Local Dental Network), Dr Kamini Shah, Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust) and Dominic Gardner (Tees, Esk and Wear Valley NHS Foundation Trust)

**OFFICERS IN ATTENDANCE** – Hannah Miller (Democratic Officer), Gemma Jones (Scrutiny and Legal Support Officer), Gary Woods (Scrutiny Officer), Sarah Connolly and Alistair Walker

### **NOTE:**

As the meeting was inquorate for items TVH25, TVH27, TVH28, TVH29 and TVH30, no formal decisions were made for these items.

### **TVH24 DECLARATIONS OF INTEREST**

There were no declarations of interest reported at the meeting.

### **TVH25 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 16 DECEMBER 2022**

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 16 December 2022.

### **TVH26 UPDATE ON NHS DENTAL SERVICES - TEES VALLEY**

The Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire gave a presentation (previously circulated) updating Members on NHS Dentistry in the Tees Valley.

In providing a summary overview of NHS dentistry, Members were advised that as part of the NHS Dentistry offer there was no formal registration of patients with dental practices and as such a patient could contact any NHS dental practice to access care; dental contracts and provision were activity and demand led; contract regulations set out contract currency which was measured in units of dental activity (UDA) and these were attributable to a banded course of treatments; NHS dentistry regulations did not prohibit the provision of private

dentistry by NHS dental practices; and as a result of the prolonged COVID-19 pandemic period and the requirement for NHS dental practices to follow strict infection prevention and control guidance, a backlog demand for dental care remained high with the urgency and increased complexity of patient clinical presentation.

Reference was made to the commissioned capacity for general dental services and Primary Care Orthodontic Services across the Tees Valley; Members were advised of the additional services commissioned by NHS England; Members were informed that Burgess and Hyder Group Partnership practice operating from Firthmoor Community Centre in Darlington had handed back their contract as of 31 March 2023; and that work was underway to try to replace the capacity as quickly as possible; a procurement was underway to increase capacity for Primary Care Orthodontic Services in Redcar and Cleveland. Details were also provided for the other services commissioned by NHS England.

The continuing pressures and challenges were outlined, these included Covid-19 impacts, dental workforce recruitment and retention and NHS dental contract and system reform, with details were provided of the national package of initial reforms to the NHS dental contract, which were published by NHS England in July 2022.

Details were provided of the local actions taken to date, including incentives for all NHS dental practices to prioritise patients that were struggling to access an NHS practice and that presented with an urgent dental care need; encouraging practices to maintain short notice cancellation lists; investment into the provision of additional dental clinical triage capacity; and additional funding made available to practices who were able to offer additional clinical capacity above their contracted levels. Members noted that this scheme was extended into 2022/23 and that 13 practices across the Tees Valley had signed up, an increase from 7 practices in 2021/22.

Members also noted that engagement had been undertaken with dental providers where contracts had been handed back and that interest had been generated following an improved offer; Darlington had been identified as a priority area for the recently launched workforce recruitment and retention initiatives; a funded advert had been placed in the British Dental Journal to attract overseas dentists into the area; and work was ongoing with Dental Clinical and Professional Leaders and Health Education North East Partners to further explore opportunities to improve dental workforce recruitment and retention.

Details were provided of the dental decay prevalence trend across the Tees Valley; Members noted the improvements from 2007/08 to 2016/17 and that the areas with lowest dental decay were those with fluoridated water supplies; reference was also made to the uptake of supervised toothbrushing programmes across the Tees Valley; and that a pilot safeguarding dental access referral pathway for children had been launched.

The next steps were outlined and included a review of the impact of the initial national reforms which were introduced from November 2022; the impact of the local initiatives; and continued work with local dental professional leads and wider partners to continue to explore local opportunities in order to improve NHS Dentistry access for patients. Reference was also made to the advice for patients and key messages.

Discussion ensued regarding the recruitment of overseas dentists; Did Not Attend's; and

Members raised concern regarding the number of Looked After Children (LAC) not receiving dental care. Members were informed that specific work was being undertaken with foster parents and LAC in relation to the barriers to access dental care and that the links with Virtual Heads would be explored.

Discussion also ensued regarding fluoridation, Members noted that this was one of the most effective ways to reduce dental decay in the population and that the Secretary of State for Health was progressing the agenda; and Members requested details of the schools that had signed up to the supervision toothbrushing programme.

**RESOLVED** – That the Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire be thanked for their informative update.

## **TVH27 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT**

The Director of Quality Governance, Tees, Esk and Wear Valley NHS Foundation Trust Gave a presentation updating Members on Tees, Esk and Wear Valley NHS Foundation Trust quality journey and quality improvement priorities for 2023/24.

It was reported that the National Quality Board had refreshed the definition of quality, a shared single view of quality where people working in systems deliver care that is safe, effective, a positive experience – responsive and personalized, well led, sustainably resourced and equitable; reference was made to the NHS Patient Safety Strategy which had been published in 2021 and was underpinned by Insight, Involvement and Improvement; and the three goals for the Trust's journey to change were outlined.

In relation to the Trust's quality journey to safer care, it was reported that the key areas of focus were suicide prevention and self harm reduction, reducing physical restraint and seclusion, promoting harm free care, improving psychological and sexual safety and providing a safe environment and promoting physical health; and the key actions to achieve the Trust's goals for each area of focus were outlined. Particular reference was made to the implementation of the national patient safety incident reporting which had a mandated deadline of September 2023.

The presentation outlined the key actions being undertaken to deliver on the Trust's key areas of focus for their journey to effective care; Members noted that each service would have a suite of clinical outcome measures and patient reported outcomes in place; and a key priority was the digital systems and solutions, with CITO going live in the summer; and the key actions being undertaken to deliver on the Trust's key areas of focus for their journey to excellence in patient experience and involvement were also outlined.

Details were provided of the quality and learning dashboard; Members were informed of the positive response in relation to the Friends and Family Test, with 91 per cent of people rating the Trust's services as good or very good; and a positive and safe dashboard had been developed, showing the individual detail for each patient.

The presentation outlined the key quality markers and details of performance against the

quality metrics for Quarters 1 to 3 2022/23. In relation to the quality metric – Number of incidents of physical intervention/restraint per 1000 bed days, Members were advised that whilst this remained above target, it had started to reduce and 75 per cent of the incidents related to Learning Disability services, mostly relating to one patient. Members were assured that the Trust were working with Mersey Care to reduce restrictive interventions and promote the least restrictive practices and that levels had decreased by 50 per cent in the last three months for that individual.

Reference was also made to the quality metric – Percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’ which was not achieving its target; details were provided of the work being undertaken to improve performance, including focus groups, and the range of key factors identified to help patients to feel safe were outlined. Members also noted that a programme of work had commenced which included block booking agency staff, enhanced recruitment and additional peer support workers, activity coordinators and gym instructors.

In relation to the quality metric – Percentage of patients who reported their overall experience as very good or good, Members were informed that patients experience had been impacted by increased length of stay as a result of challenges in securing accommodation for patients and that the Trust worked closely with Local authorities in trying to address this issue.

The key quality risks, the key actions from the 3 published Niche reports and learnings about patient safety from West Lane Hospital were outlined; and details were provided of the Quality Account improvement priorities.

Discussion ensued regarding the Trust’s ability to deliver on all of the actions identified to deliver on the priority for safer care; Members were assured that these were long term actions and that continuous improvements were being made. Members were also advised that positive developments had been made in the community and a video demonstrating engagement of the voluntary sector could be shared with Members.

Members raised concern regarding the Trust’s performance against the quality metrics and were disappointed to note that the electronic system had not yet gone live; discussion also ensued regarding the actions undertaken following the focus groups; Members request benchmarking with other trusts; and following a question, Members were informed that personalized care plans were recognized as best practice and there was a key focus on lived experience.

#### **TVH28 COMMUNITY DIAGNOSTIC CENTRES**

Item deferred to the next meeting of this Scrutiny Committee.

#### **TVH29 CLINICAL SERVICES STRATEGY UPDATE**

The Director, North East & North Cumbria Integrated Care Board submitted a presentation (previously circulated) updating Members on the Clinical Services Strategy.

It was reported that the Clinical Strategy aimed to continue to build on the work started

under the Better Health Programme; the programme remained focused on the improvement and sustainability of acute hospital services; and that the wider partnership approach had been key to ensure service proposals were embedded within the agreed governance.

The presentation outlined the aims and objectives of the strategy; details were provided of the different workstreams and the workstream achievements over the last 18 months; and that moving forward, work was continuing within each of the clinically led workstreams to reconfirm the strategic intent, detail next steps and ensure sufficient and appropriate capacity to support work progression.

The ICB would continue to provide updates to this Scrutiny Committee in relation to developments and progress with the strategy.

### **TVH30 WORK PROGRAMME**

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the 2022/23 Municipal Year.

Members suggested the inclusion of male suicide on the work programme.