Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Thursday 9 May 2024**
Time **9.30 am**
Venue **Council Chamber, County Hall, Durham**

Business

Part A

Items which are open to the Public and Press
Members of the public can ask questions with the Chair's agreement, and if registered to speak.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 19 March 2024 (Pages 3 - 12)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Oral Health Promotion and Community Water Fluoridation: (Pages 13 - 56)

   Briefing Report from NHS England (North East and Yorkshire) and presentation by Amanda Healy, Director of Public Health, County Durham and Chair of the North East Directors of Public Health Network.
7. Pharmacy Services and the Pharmaceutical Needs Assessment in County Durham: (Pages 57 - 70)

   Report of the Director of Public Health, County Durham.

8. GP Contract Changes 2024/25: (Pages 71 - 94)

   Briefing report from NHS North East and North Cumbria Integrated Care Board (ICB) and presentation by Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB.

9. NHS Foundation Trust Quality Accounts 2023/24: (Pages 95 - 146)

   Report of Paul Darby, Corporate Director of Resources and presentations by representatives of:

   (a) County Durham and Darlington NHS Foundation Trust; and
   (b) Tees Esk and Wear Valleys NHS Foundation Trust.

10. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Head of Legal and Democratic Services

County Hall
Durham
30 April 2024

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor V Andrews (Chair)
Councillor M Johnson (Vice-Chair)

Councillors J Blakey, R Crute, K Earley, D Haney, K Hawley, J Higgins, L A Holmes, L Hovvels, J Howey, P Jopling, C Kay, C Lines, M McKeon, S Quinn, K Robson, A Savory, M Simmons, D Stoker and T Stubbs

Co-opted Members: Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Paula Nicholson Tel: 03000 269710

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Tuesday 19 March 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee
Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, L A Holmes, C Lines and A Savory

Co-opted Members
Mrs R Gott

Co-opted Employees/Officers
Ms G McGee, Healthwatch County Durham

1 Apologies

Apologies for absence were received from Councillors J Higgins, L Hovvels, P Jopling, C Kay, S Quinn, T Stubbs and Mrs A Stobbart.

2 Substitute Members

There were no substitutes.

3 Minutes

The minutes of the meeting held on 15 January 2024 and the Special meeting held on 8 February 2025 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Adult Social Care Assessment Framework - Self Assessment

The Committee considered a report of the Corporate Director of Adult and Health Services which shared the adult social care self-assessment document which would be required by the Care Quality Commission (CQC) as part of the assessment of Durham County Council's (DCC) Adult Social Care (for copy of report, see file of minutes).

Lee Alexander, Head of Adult Care was in attendance to present the report and advised Members that they had received notification from the Care Quality Commission that their assessments process was now live. He continued that at the end of January, they received their first notification that they had to complete a significant information return.

He stated that the waiting lists and backlog since the self-assessment was written at that point, they had 31% of outstanding reviews that figure had now reduced to 27%, coming out of covid this figure was now 41%, so they were gradually improving the position. There were 22 cases that were waiting an occupational therapy assessment that had now reduced to three. Care Act assessments that were single figures had crept into double figures and was now back to single figures and last week they were two outstanding that was in the normal range. He stated that Durham was in a strong and healthy position to manage demand.

Councillor Earley asked what the experience was from other authorities in terms of how the process was operating.

The Head of Adult Care responded that five local authorities had recently been inspected by the CQC of those four of them resulted in a good outcome with only one requiring improvement. From the feedback the CQC were still finding their way and noted that local authority delivery of Adult Social Care was consistent as far as how it was structured as each local authority was very different and the CQC did not fully understand that. They know that between now and the end of July they would have an onsite assessment visit that was an indication that things were moving more slowly.

The Principal Overview and Scrutiny Officer referred to the recommendations and indicated that Overview and Scrutiny had previously as part of the assurance framework for Ofsted inspections involved Children and Young People's Overview and Scrutiny Committee in oversight of any associated improvement plans. He asked Members if they were minded to incorporating this into the work programme moving forward should they get to a point where Members want to revisit the drafted improvement plan or any feedback from the CQC inspection assurance framework once published.

Councillor Crute indicated that the suggestion from the Principal Overview and Scrutiny Officer made sense.

The Head of Adult Care indicated that he was happy to bring a report back to the Committee after the onsite visit had taken place.

Resolved: (i) That the self-assessment document prepared for the upcoming assessment of Adult Social Care be noted.

(ii) Noted that the self-assessment will be refreshed annually, and when called upon to be submitted to CQC.

(iii) That the Committee revisit the drafted improvement plan or any feedback from the CQC inspection assurance framework once published.

7 Winter Preparedness 2023/24

The Committee received a presentation from Sue Jacques, Chief Executive County Durham and Darlington NHS Foundation Trust and Michael Laing, Director of Integrated Community Services, County Durham Care Partnership on winter preparedness 2023/24 (for copy of presentation see file of minutes).

The presentation provided an update from 20 November 2023; priority areas for 2023/24; funding for 2023/24; details of managing winter pressures together; plans and reflections.

Councillor Crute indicated that he was pleased to see that most of the pressures had been managed as there had been a lot of pressure on staff. Given that the priorities were set every year by Government, NHS England and ICB he asked if this information particularly on the pressures outlined in the presentation go back to these organisations as he would like to think that priorities would be set every year using the previous year's data. He had a personal concern about Government setting those priorities as people in County Durham may have different priorities to other parts of the North East. He then referred to ambulance handovers and was aware that NEAS were looking to remove ambulance handover performance data from their quality accounts and asked if the Local Authority would still receive this information to monitor what was happening with those priorities.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the data was shared with the organisations who set the priorities. Meetings had taken place regarding performance challenges with the ICB so they had a good understanding of the increased activity that they had seen. She stated that ambulance handovers over the Christmas period highlighted that Durham and Darlington were first and second best performing for handovers in the region. In January they dropped to close to the bottom due to the 31% increase in activity and were now third and fourth in the region and expect to improve further.

Performance would continue to be monitored although it was reported that NHS planning guidance for next year was yet to be published. It was anticipated that the new guidance would confirm national priorities, but stated they were also able to set priorities at a local level and intend to do that and would bring updates to the Committee. She advised Members that they would keep ambulance data handovers locally even if they did not have to report this data.

Councillor Haney referred to no additional funding for extra beds given by the ICB. He stated that it was great that they were managing to make extra beds for Durham and had heard that five beds were in four bed bays and if the crash team were called the fifth bed was moved to the corridor. He stated that you must ask about patients' privacy and dignity. He stated that they have a lovely facility at Shotley Bridge that could have dozens of beds installed if the Government would give the money to refurnish or build a new hospital that would be a wonderful solution.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that in terms of the additional money the ICB sought to allocate this at the beginning of the financial year. Members were advised that the ICB had not secured any extra funding for more beds but CDDFT had flexed available bed spaces across Bishop Auckland Hospital and other community hospitals within the County.

The additional ward opened at Bishop Auckland because Durham and Darlington Hospitals were at maximum capacity and the patients needed some of the additional facilities that were available at Bishop Auckland. They also expanded community beds that was part of the original planning. They had not anticipated such an increase in the amount of admitted patients and ambulance attendances that was different to what they had experienced in previous years and was unique within the region. They responded as well as they could, but those patients needed medical oversight at consultant level and often needed a multi-disciplinary approach which required treatment at the larger acute hospital sites. The full capacity protocol was a risk based methodology used by the Trust to increase the number of beds in a particular area that ensured patient safety and dignity was not compromised. In the longer term if they continued to see the increase demand for bed spaces, a plan had been submitted to the ICB that proposed an increase in beds by using some estate at the Darlington Memorial Hospital and brining forward the planned short stay surgery unit at UHND. She continued that some patients would not be suitable for a community site due to the different infrastructure in place.

Councillor Haney commented that they could be in total crisis in a few years' time but appreciated they were doing the best with the resources available.

The Chief Executive County Durham and Darlington NHS Foundation Trust assured Councillor Haney that they were looking at the longer term and stated that every Trust in the region were using full capacity protocol this winter.

Councillor Lines referred to the climate continuing to change, and the seasons changing and asked if any work was going on in the background to identify trends about the changes in the phasing of pressures on the service and also the phasing of increased demands as these can also change due to the changes in the climate.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that they have carried out some work jointly with other local authorities and others on sustainability and one strand of that was adaptation. She continued that the strand was looking at how you adapt services to the different patterns in weather events. This had caused them to look at everything they do such as severe storms to floods and how they manage patients in that emergency situation. It was often about getting professionals out to those people who need to be seen that day who maybe in their own home and do not have any electricity. Heat and cold could also have an impact, they wanted to have as minimal carbon impact on the environment as possible and were carrying out a lot of work around this and had been successful for some grant funding for an air source heat pump. They were working with Durham University looking at different ways to reduce the carbon footprint as it does have an impact on health. The adaptation work was more on how they looked to manage the services differently over the longer term. The planning had been in place now for three years that was still at an early stage particularly around adaptation but was happy to bring a further report to the Committee on this as it progressed.

The Director of Integrated Community Services indicated that the Council had a cold weather plan in place that does not just deal with snow and frost it also deals with floods. He continued that measures were in place to deal with those events that were becoming more frequent. It was particularly relevant for staff in the Trust's Community Services Team who were delivering care in people's homes and the Council's Social Care Teams, so they had factored in those features into the business continuity and recovery plans. He commented that storms were now more of a feature than snow and ice.

Councillor Earley indicated that the issue was that they do not have enough beds. He continued that this was always coming, and everyone knew it was coming but nobody did anything about it. It came to a point that this was dangerous, running a hospital on 95% would be regarded as risky but they are patching a system that was not coping. He then referred to a story he had been told regarding a patient who had to spend time in the A&E department in Durham as Sunderland Neurology Department would not accept the referral as the referral had to come from a consultant.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that she would take this issue back as they do have a neurology service provided by Sunderland with pathways and if it was not working effectively, they would need to look at. With regard to the full capacity protocol this was risk assessed and if they got into an unsafe position they would declare as a Trust a critical incident that triggers at a regional level and invokes something further. She continued that they have things that they had not had to invoke but they do exist to keep patients safe. At no point have they felt that things were unsafe on a risk-based judgment but recognised that for the patient it was not as good experience. They have submitted a plan for additional beds, they think they need them and would be happy to share this aspect of the wider part of the plans to give some reassurance next year.

Councillor Earley referred to pressures and all year spikes and stated that they know what was happening with the ageing population. All year bed increases would take pressure from everyone. He was not convinced that protocols were working.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the number of beds had increased not decreased. She stated that they do their own modelling and build in the impact as they see it, but the ageing population was linked to the beds included in the plan. They do know Easter was always busy and a lot of presentations in the summer due to the heat. She continued that they do not just plan for the winter they plan for all year.

Councillor Savoury commented that the Trust had come under a lot of criticism in recent years with regard to the Bishop Auckland Hospital and stated that it was good to see an extra ward had been opened and utilised to relive the pressures and was sure that the public would be pleased to see a ward utilised on that hospital site.

Resolved: (i) That the contents of the presentation be noted.

(ii) That further information on the CDDFT surge planning and information on the age profile of patients being admitted into hospital be brought to a future meeting of the Committee.

8 County Durham and Darlington NHS Foundation Trust Sepsis Update

The Committee received a presentation from Lisa Ward, ADN (Patient Safety) and CNIO Kirsty McGee, Al & AKI Marton & Sepsis Lead (for copy of presentation see file of minutes).

The presentation provided details of immediate actions taken; EPR modifications; clinical education; sepsis screening via medanets; sepsis audit January 2024 -EPR

versus manual; sepsis 6 compliance within one hour; EPR data versus manual audit; in progress and next steps.

Mrs Gott asked what pathway GP practices had to follow if they suspected Sepsis.

Officers responded that there was national guidance for GPs and community sepsis tools were available. There was some work ongoing to allow paramedics to administer antibiotics if they suspected sepsis as they currently can only give antibiotics for meningitis.

In response to a question from Councillor Haney, the Officer responded that full baseline data was extraction from the electronic patient record.

Councillor Haney referred to the charts on medanets data and asked what this showed.

The Officer responded that it showed how many people were using the hand held devices to do their observations. The data was received on a daily basis and stated that they were carrying out some targeted work to ensure that the devices were been used.

Councillor Haney stated that he was reassured that the data was better than what was initially reported. He continued that one of the statistics that he had previously asked for was the average length of delay.

Officers responded that the guidance had changed from one hour to three hours and they needed to reflect this in their audit. They would like to keep the critical timeline. They do report delays in their audit and commented that with the new guidance they had the potential to wait three hours, but this would be based on clinical judgement.

In response to a further question from Councill Haney, the Officer advised that the prompt would appear on the desktop computer, but you don’t get the escalation that was triggered on the hand held device and the pods were used across the Trust with one doctor logged into the system to see the alerts.

Councillor Earley asked what the buy in was from clinical staff.

The Officer responded that the device was constantly alerting and was frustrating and one of the things they learnt quickly was to be critical about the alerts and turned off observations. The only time the device would make a noise was a sepsis alert or raised early warning. It was still a work in progress and were mindful that Junior Doctors have a lot of work and want to get to a point where the Lead Consultant also had a device. The devices could be used as a communication tool as it was multi-functional, and they were looking to only have one device going forward.

Resolved: That the contents of the presentation be noted.

9 Breast Cancer Screening Update

The Committee considered a report of the Corporate Director of Adult and Health Services that provided an update on breast screening rates across County Durham (for copy of report, see file of minutes).

Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board was in attendance to present the report and deliver a presentation that provided details of the impact of breast cancer in County Durham; impact of COIVD on screening; improvement work and making the biggest difference (for copy of presentation, see file of minutes).

Councillor Haney asked why the data for Derwentside was lower than other areas and if the lack of a mobile unit had contributed to this. He then asked if the mobile unit was now fully operational.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board responded that the mobile unit was in place at the end of January and was the benefit of having that local focus through the board.

Councillor Haney asked if there were any resources, they could put on their social media to advertise that the unit was up and running.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board stated that appointment was via an invitation, but they could circulate some communication encouraging people to attend their appointment that would be welcomed.

Councillor Earley stated that he did not understand why the unit was at Tesco as he thought it would be a Shotley Bridge Hospital where it would be safer in particular if there were concerns of vandalism to vehicles.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board indicated that she would ask NHS England if this site had been explored as an alternative. She stated that it may be related to accessibility and transport links but would get back to the Councillor Earley.

Councillor Blakey stated that it was positive that they were getting engagement in the Bowburn area. She continued that she sat on the Patient Participation Group and stated that she had not been told anything.

The Chair asked since COVID if they had identified any increase in later cases of breast cancer.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board responded that this data often comes several years in lieu and could be something they looked at in the future.

Councillor Johnson referred to the period where there were no screenings and stated that at the age of 71 people were no longer invited for screening and asked if they had been invited beyond 71 due to COVID.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board indicated that she did not believe that they were but would follow this up.

The Principal Overview and Scrutiny Officer asked Members if they would like to add consideration of the results of the audit to their 2024/25 work programme as an additional recommendation.

Resolved: (i) That the contents of the presentation on breast screening services across County Durham be noted.

(ii) That the briefing from NHS England Public Health Programmes Team be noted.

(iii) That the results of the audit be presented to the Committee as part of the Committee's 2024/25 work programme.

10 Quarter Three 2023-24 Revenue and Capital Outturn Reports

The Committee received a report of the Corporate Director of Resources which provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2023 (for copy of report, see file of minutes).

Peter Dowkes, Principal Accountant (Resources) was in attendance to present the report and deliver a presentation that provided an overview of 2023/24 Quarter Three Revenue Forecast Outturn and Variance Explanations and 2023/24 Quarter three Capital Position (for coy of presentation, see file of minutes).

Resolved: That the information detailed within the report and presentation be noted.

11 Quarter Three 2023-24 Performance Management Report

The Committee considered a report of the Chief Executive which presented an overview of progress towards delivering the key priorities within the Council Plan 2023-27 in line with the Council's corporate performance framework. The report covered performance in and to the end of quarter three, 2023/24, October to December 2023 (for copy of report, see file of minutes).

Matthew Peart, Strategy Team Leader was in attendance to deliver the report and highlighted areas within the report.

Councillor Crute referred to weight problems that had become worse since COVID and asked that this be presented to the Children and Young People's Overview and Scrutiny Committee. He referred to one in five children in primary school being overweight and one in three when leaving primary school were overweight. He stated that he would pick this up at the Children and Young People's Overview and Scrutiny Committee and asked if there was any data to show what was happening.

The Strategy Team Leader responded that healthy weight was a complex issue and was not down to a single thing and was a progressive issue and was a whole life approach.

Councillor Crute stated that they needed to get this right in the early years.

Resolved: That the overall position and direction of travel in relation to quarter three performance, and the actions being taken to address areas of challenge be noted.

NHS England
North East & Yorkshire

North East Water Fluoridation Briefing

1. Purpose of briefing

This briefing note can be used by Local Authority teams, the Integrated Care Board (ICB) and dental professionals as a source of information on water fluoridation. It aims to provide: a collation of key reference sources that can be used for information; and provide granular local evidence that can be used to inform a consultation response. The following information will be provided in this briefing paper:

- Summary of the evidence base of the benefits of fluoridation. ***For Reference***
- Local epidemiology data detailing the clinical impact of water fluoridation on North East communities. ***Can be used in consultation response***
- Summary of the evidence base on potential adverse health outcomes linked to fluoridation ***For Reference***
- Summary of the evidence base on dental side-effects e.g. fluorosis ***For Reference***
- Cost effectiveness evidence ***Can be used in consultation response***
- Local support for fluoridation including quotes of support from system leaders. ***Can be used in consultation response***

2. Background

A number of local authorities in the North East have already explored the potential for extending community water fluoridation programmes as a public health response to improving oral health and reducing health inequalities, including those in Tees Valley, County Durham, Sunderland, South Tyneside and parts of non-fluoridated Northumberland. The Government's proposal to extend water fluoridation is consistent with local oral health strategies.

Water fluoridation has the benefit of successfully reducing caries prevalence in all sectors of society irrespective of age, and, importantly does not require sustained behavioural change at the individual level. As a community based oral health intervention, it benefits individuals from deprived backgrounds the most thereby reducing inequalities. Water fluoridation alone, will not eliminate dental decay, but will as part of a suite of prevention strategies (i.e. supervised tooth brushing programmes) reduce decay levels and the impact of dental disease in the North East.

As, the North East already benefits from water fluoridation, local epidemiology data analysis is available that demonstrates the reduced decay levels in fluoridated communities. Comparisons in oral health data between from fluoridated Hartlepool and non-fluoridated Middlesbrough will be presented to demonstrate this beneficial effect.

3. Areas of fluoridation in the North East

The North East has a long history of fluoridation, both natural and artificial. The areas of the North East that benefit from natural fluoridation are: Hartlepool, parts of Durham (Peterlee, Easington) and parts of Sunderland, however, only Hartlepool and Easington have naturally fluoridated water at or near the optimum level for dental health (1 ppm).

In addition, Northumbrian Water has supplied artificially fluoridated water to the North East from the late 1960s, these supply areas are: Northumberland (Alnwick, Hexham, Cramlington), North Tyneside, Newcastle, Gateshead, and Durham, (Chester le Street, Consett, and Stanley). Water supplies are monitored to ensure provision at the optimal of 1mg/l which is below the WHO recommended upper limit of 1.5mg/l.

Levels of fluoride in water supplies can be found from the Northumbrian water website, by inputting a postcode and reviewing the associated water quality report. What's going on in your area? (nwl.co.uk)

4. UK and International Evidence: Dental Benefits of Water Fluoridation

Studies conducted in the UK and internationally over many years have reported:

- strong evidence that water fluoridation is associated with **less dental caries**
- an **increase in the number of individuals with no caries**
- an increase in caries prevalence when fluoridation schemes are discontinued.

The studies below maybe a good source of reference for information and sign-posting.

- A UK review in 2000 found evidence that water fluoridation reduced caries prevalence by a median of **2.25 decayed missing and filled teeth (dmft)/DMFT** and also increased the number of caries-free children by **14.6%.**

- A 2013 update to the UK review by the Community Preventative Services Task Force in the US showed a median decrease of 15.2% in caries after community water fluoridation began and **an increase in caries when water fluoridation schemes were terminated**

- A 2014 review undertaken by the Royal Society of New Zealand found that 12-13-year-olds from non-fluoridated areas were less likely to be caries-free than their counterparts in fluoridated areas (45.1% vs 56.2%) and more likely to have higher DMFT scores (1.7 vs 1.2).

- A 2015 Cochrane review found a reduction in caries prevalence in children by a median of 1.81 dmft and DMFT 1.16 (a **35 and 26% reduction compared to the median control group mean values**), and with a **roughly 15% increase in the number of caries free children and adults.**

- The National Health and Medical Research Council (2016) review in Australia found that water fluoridation **reduces the incidence of dental caries in primary teeth by approximately 35% compared to un-fluoridated water and increases the proportion of children who have no dental caries by approximately 15%.**

- The 2023 CATFISH study (Cumbrian Assessment of Teeth a Fluoride Intervention Study for Health) reported reductions in the prevalence of dental decay by **4% in the birth cohort when compared to a control group (17.4% versus 21.4% of children had decay into dentine).** However, there was no significant difference in older children. It also concluded that water fluoridation was likely to be a cost-effective intervention. **It should be noted there was a cessation of water fluoridation of 1 year for half the children in the intervention group.**

    - Evaluation of water fluoridation scheme in Cumbria: the CATFISH prospective longitudinal cohort study (nihr.ac.uk)
    - Comments on recent community water fluoridation studies | British Dental Journal (nature.com)

- The 2022 OHID water fluoridation monitoring report for England *Water fluoridation health monitoring report 2022 (publishing.service.gov.uk) reported the following benefits:

    - Overall, five-year-olds in areas with higher fluoride concentrations **were less likely to experience dental caries, and less likely to experience severe dental caries,** than in areas with low fluoride concentrations:

    - The prevalence of dental decay in 3 and 5 year olds **reduced by 4% and 5% in fluoridated areas**.

    - Overall, the relative reductions of dental decay in 3 and 5 year old children are **35%** and **19%** respectively (given an increase in fluoride concentration from 0.1mg to >0.7mg fluoride).

    - Children and young people in the most deprived areas benefited the most from fluoridation.

    - In the most deprived 20% of areas, the odds of experiencing caries was **25%** lower in areas with a fluoridation scheme than in areas without.

    - **56%** of general anaesthetics rates in the most deprived 20% of areas with fluoride concentrations < 0.2mg/l would be prevented if these areas received fluoridated water.

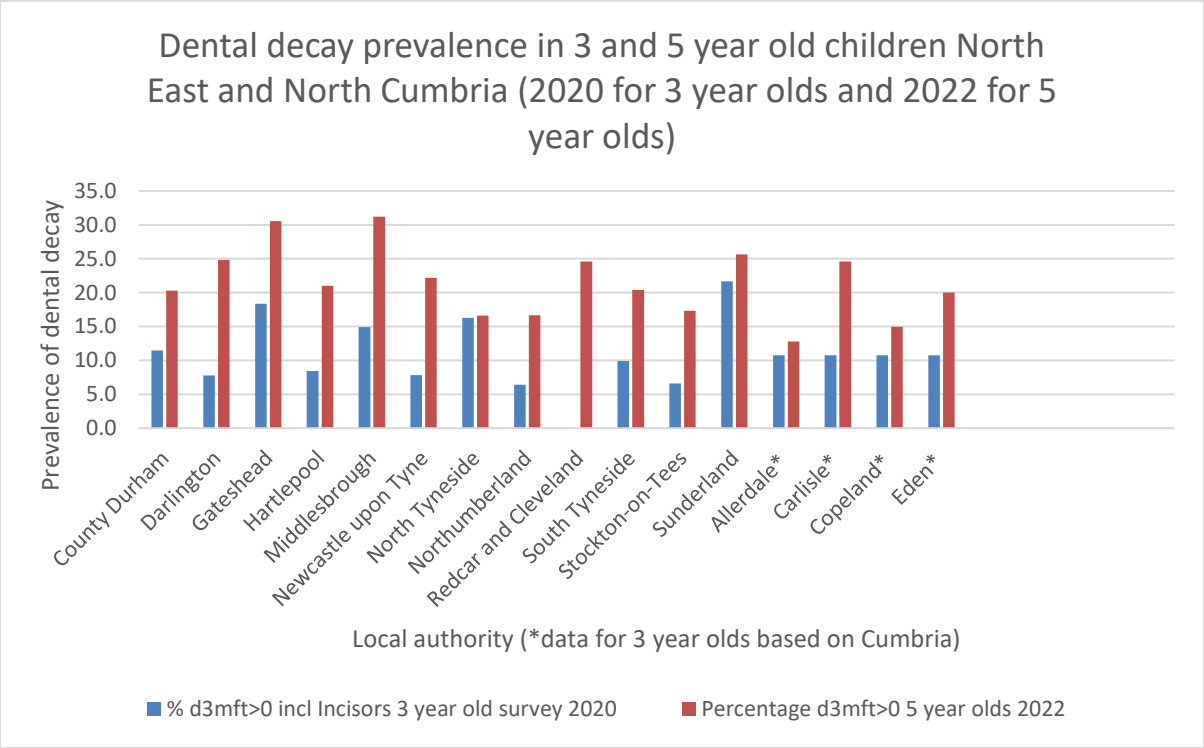
5. Local epidemiology data: benefits of water fluoridation (Can be used in fluoridation consultation response)

The national consultation pack will have regional data, however, data analysis at a local authority level has not been undertaken. Therefore, the local epidemiology analysis in this section can be used to add to the evidence-base in your response.

5.1. Prevalence and impact of dental caries: fluoridated versus non-fluoridated areas

Figure 1 shows the prevalence of dental caries across the North East and North Cumbria in three (2020) and five- year-olds (2022). It can be seen that in general, fluoridated areas of the North East have a lower caries prevalence than non-fluoridated areas.

Figure 1



Two areas within the North East: fluoridated Hartlepool and non-fluoridated Middlesbrough highlight stark differences in oral health. These areas have been chosen because they are statistical neighbours (with comparator characteristics), with the lowest local authority rankings for the Index of Multiple Deprivation (IMD), thereby controlling for the effects of deprivation (Table 1).

Key points to note are:

- In 3-year-old-children: **the prevalence of dental caries** is **6% less** in fluoridated Hartlepool (8.5%) v non-fluoridated Middlesbrough (14.9%).
- In 5-year-old children: **the prevalence of dental caries** is **10% less** in fluoridated Hartlepool (21%) v non-fluoridated Middlesbrough (31%).
- Fluoridation benefits are greater in more deprived population groups: Middlesbrough and Hartlepool are in the top 10 of most deprived LAs based on their IMD score.
- In 5-year-old children: **the proportion of children with experience of extractions** is **3 times less** in fluoridated Hartlepool (1.8%) v non-fluoridated Middlesbrough (5.8%). Extractions for children in this age group will usually involve either a general anaesthetic or sedation. Both procedures will have significant morbidity and are preventable.
- **Lower sedation rates** in Hartlepool demonstrate children need less complex treatments to treat their dental disease. Treatment under sedation for children is usually undertaken for anxious children requiring a high volume of treatment e.g. extractions that cannot be undertaken with local anaesthetic alone.

Table 1 shows the health impact of dental caries between fluoridated Hartlepool and non- fluoridated Middlesbrough in 2022/23.

Category	Hartlepool Fluoridated	Middlesbrough Non-fluoridated
Local Authority deprivation ranking based on score (IMD 2019)	10/317	5/317
Prevalence of dental decay 3-year-olds (2020)	8.5%	14.9%
Prevalence of dental decay 5-year-olds (2022)	21%	31%
Proportion of 5-year-olds with experience of tooth extractions (2022)	1.8%	5.8%
Sedation rates* per 1,000 (22/23)	14.5	21.5

Sources: *Business Services Authority data request
Oral health - GOV.UK (www.gov.uk)

5.2. Reduction in inequalities

- The most recent dental survey of 5-year-old children (2022) Oral health - GOV.UK (www.gov.uk) shows that there is a **5 fold difference** in the prevalence of dental decay between the most and least deprived children **across the North East**.

- Figure 2 shows that even in non-fluoridated Stockton where the average dental health of 5-year-old-children was better than the England average in 2022 there is a **ten-fold difference in prevalence of dental decay across wards associated with deprivation.**
- Reducing inequalities in oral health is a priority for the NHS and Local Authorities. Table 1 clearly shows that despite Hartlepool children living in the most deprived areas of England, there is a significant improvement in oral health compared to Middlesbrough.
- Figure 3 shows fluoridation reduces the severity of dental decay (decayed, filled and missing teeth, dmft rates) across all wards in Hartlepool compared to Middlesbrough, but more importantly **reduces the gap in oral health between the most and least deprived wards.**

Figure 2

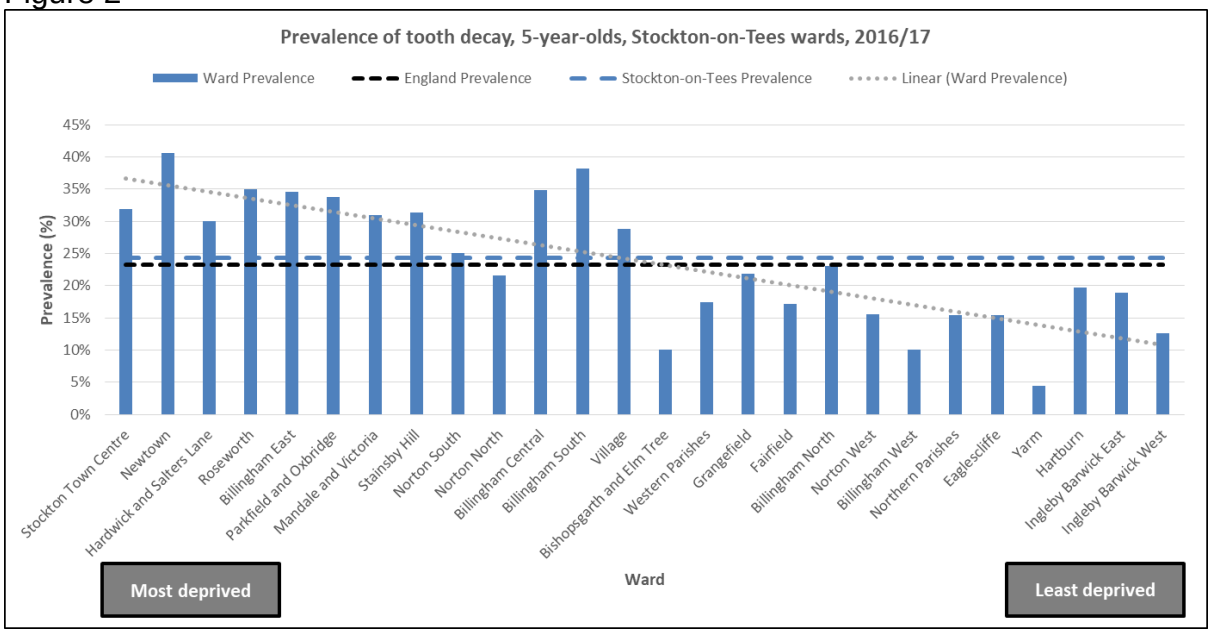
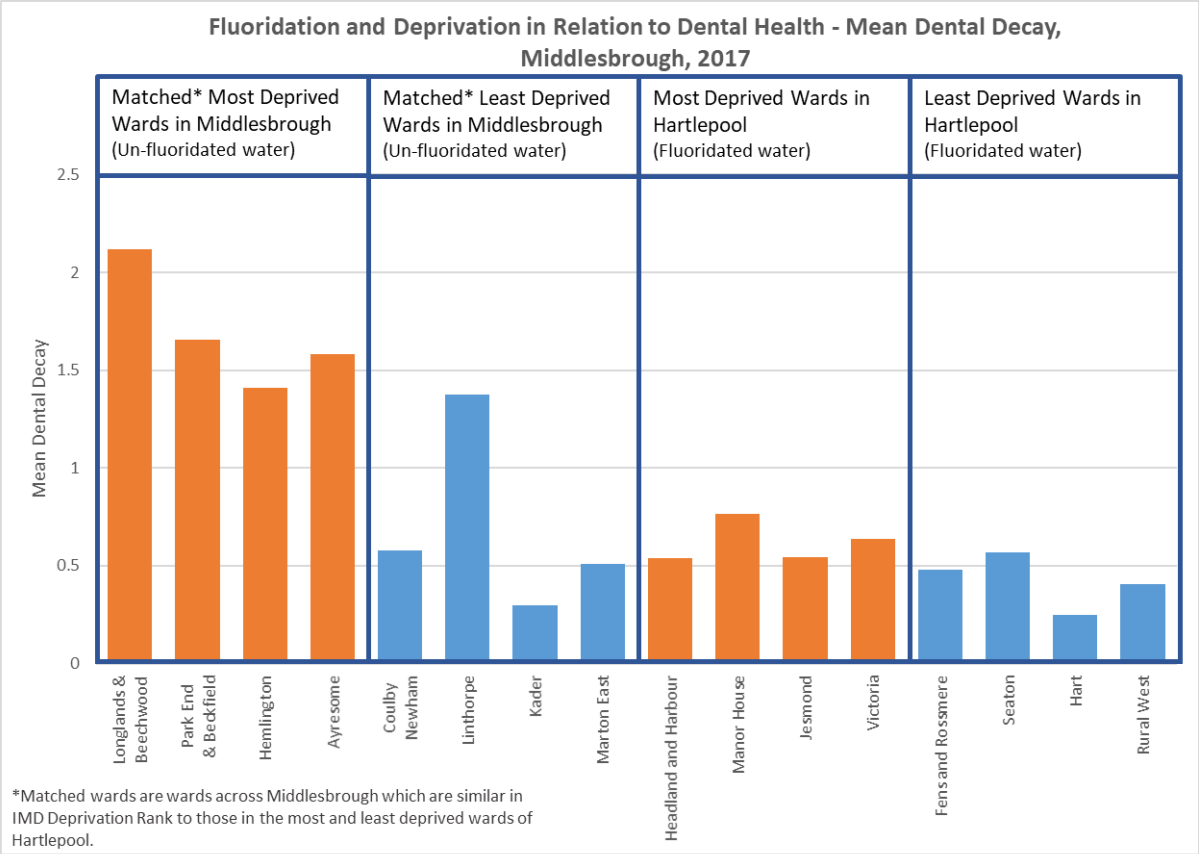


Figure 3



5.3 General anaesthetic (GA): rates and health impact

Tooth decay is still the most common reason for hospital admission in children aged between 5 and 9 years. **Every general anaesthetic poses a health risk to children, therefore, if dental decay rates can be reduced, we could prevent some hospital admissions.**

- Table 2 shows in 2022/23, the North East (397 per 100,000) had the second highest rates of GA (0-19 year olds) which are almost twice the national average (237 per 100,000) Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK (www.gov.uk).
- The decay-related tooth extraction episode rate for **children and young people living in the most deprived communities was nearly 3 and a half times** that of those living in the most affluent communities.

- Table 3 shows **Middlesbrough has 3 times the rate of GA compared to Hartlepool** although they both have similar deprivation levels and service provision.

Table 2: Decayed tooth extraction episode rate per 100,000 population of 0 to 19 year olds by region for the financial year 2022 to 2023

Region	Decayed tooth extraction episode rate per 100,000 population, 0 to 19 year olds, (22-23)
Yorkshire and the Humber	405
North East	397
North West	341
London	333
South West	240
ENGLAND	236
West Midlands	178
South East	112
East of England	99
East Midlands	80

Source: Hospital tooth extractions in 0 to 19 year olds: 2023 - GOV.UK (www.gov.uk)

Table 3: Decayed tooth extraction episode rate per 100,000 population of 0 to 19-year-olds in Hartlepool and Middlesbrough 2022/23

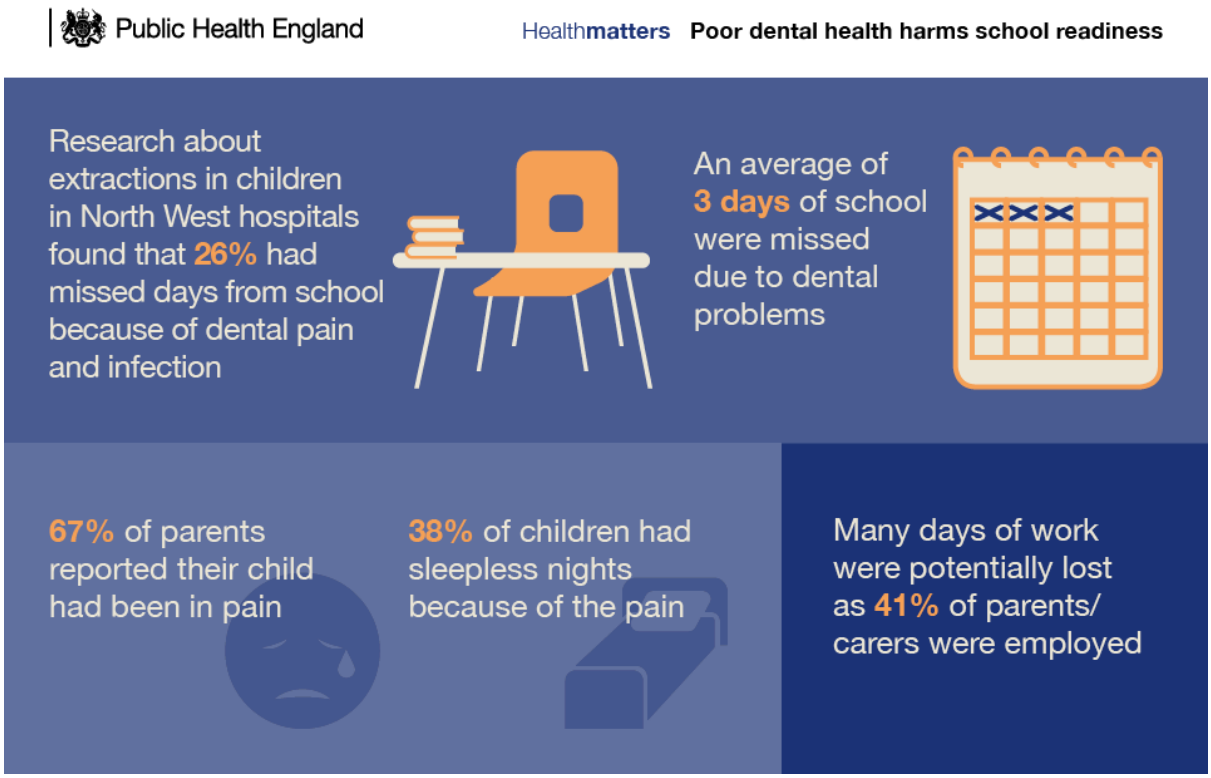
Local Authority	GA activity 0-19 year-old-children (22/23)	GA rates per 100,000 0-19 year-old-children (22/23)
Hartlepool (Fluoridated)	30	135
Middlesbrough (Non-fluoridated)	120	319

Source: Hospital_teeth_extractions__0-19Y_2022-2023.ods (live.com)

Impact of General Anaesthetics for children

Not only does GA pose a health risk to children, but there are wider health impacts for children with severe dental decay. Research about GA hospital extractions in children in the North West report:

- 26% had missed days from school
- 3 days of school were missed due to dental problems
- 67% of parents reported their child had been in pain
- 38% had sleepless nights because of pain



Source: [Health matters: child dental health - GOV.UK (www.gov.uk)]

5.4. Reduction in dental disease in adults

- Austin et al. (2022) [CDH | Community Dental Health Journal (cdhjournal.org)] concluded adults living in local authorities with fluoridation schemes had better dental health supporting the continued use of the intervention as a dental public health measure
- [The LOTUS Study: Fluoridation for Adults | The University of Manchester] (2023) reported over 10 years, people receiving optimally fluoridated water experienced 3% less NHS invasive dental treatments such as fillings and extractions, and had 2% fewer decayed, missing, and filled teeth, compared to those who received non-optimally fluoridated water.

6. Adverse Health Effects

The findings of the 2022 health monitoring report (OHID 2022) are consistent with the view that water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is an effective, safe, and equitable public health intervention to reduce the prevalence, severity, and consequences of dental caries, without any convincing evidence of adverse health outcomes. This report finds the same as many international studies and reviews with regards to adverse health outcomes. Table 4 is an **exact copy** of the conclusions of the 2018 Health Monitoring Report (PHE, 2018) on adverse health effects included for reference and information.

Key point to note:

"Taken alongside the existing wider research, our results do not provide convincing evidence of higher rates of hip fracture, Down's syndrome, kidney stones, bladder cancer, or osteosarcoma (a cancer of the bone) due to fluoridation schemes" *Water Fluoridation (publishing.service.gov.uk)

Table 4 Conclusions of the 2018 Health Monitoring Report (PHE, 2018) on adverse health effects of water fluoridation

Adverse Health effect	Conclusion of PHE Health Monitoring Report (2018)
Renal calculi	The 2018 report found inconsistent results when fluoride was considered as a range of concentrations and as a binary exposure. There was evidence of a positive association between fluoride and hospital admissions for renal calculi at low to midrange concentrations compared to the lowest concentration, but no dose-response relationship was observed.
Down's syndrome	The 2018 report found no convincing evidence of an association between fluoride and Down's syndrome. There was evidence of an association at some concentrations, but without a dose-response relationship.
Bladder cancer	The 2018 report found weak evidence of a protective association between fluoride and bladder cancer and suggested a threshold effect at ≥0.7mg/l. There was no evidence of adverse impact. The most common cause of bladder cancer is tobacco smoking (31), which cannot be sufficiently accounted for in an ecological study.

Osteosarcoma	The 2018 report found no evidence of an association between fluoride and new diagnoses of osteosarcoma. All cancers, the 2014 report found no evidence of an association between fluoride and new diagnoses of all cancers.
Thyroid outcomes	Evidence reviews have concluded that the evidence of an association is inconclusive.

6.1. Adverse Dental Effects

Fluorosis is a dental side effect of water fluoridation. In mild cases it appears as white flecks on teeth. Fluorosis of aesthetic concern is generally associated with the appearance of anterior teeth. In the UK because the levels of fluoride are regulated, and closely monitored the effects of fluorosis generally only cause mild aesthetic concern. In a study of 4 English cities (2 fluoridated and 2 non-fluoridated) Prevalence and severity of dental fluorosis in four English cities - PubMed (nih.gov) the below key points are note-worthy.

Key points to note:

- Fluorosis is greater in the fluoridated cities (Newcastle and Birmingham 61%) compared to the non-fluoridated cities (Manchester and Liverpool, 37%)
- The rate of fluorosis causing at least mild aesthetic concern in 11-12 year olds was 10.3% in the 2 fluoridated cities and 2.2% in the non-fluoridated cities. However, when children were asked to score their appearance there was no significant difference in the mean aesthetic score between respondents from fluoridated and non-fluoridated cities (p=0.572), and it is therefore unlikely that there would be a difference in treatment sought for correction of fluorosis.
- **The risks of fluorosis need to be balanced against the health risks of severe dental decay: pain causing loss of sleep in young children, acute infections sometimes needing antibiotics, and increased GA rates.**

7. Cost Effectiveness

A return on investment tool, commissioned from the York Health Economics Consortium in 2016 and developed in partnership with PHE, estimated the economic benefits associated with reducing dental caries in five-year-old children. The **estimated return for £1 investment into a water fluoridation scheme would be £12.71 after 5 years and £21.98 after 10 years.** In areas of high deprivation where dmft is greater than the average for England, the return on investment will be greater.

The 2023 **LOTUS study** by the University of Manchester reported between 2010 and 2020, optimal water fluoridation had a cost of £10.30 per person, NHS treatment costs were £22.26 lower per person (5.5%), and patients paid £7.64 less (2%) in dental charges. It estimated that if 62% of the adults and teenagers in England attended NHS dental services at least twice within 10 years, the total return on investment would have been £16.9 million between 2010 and 2020. This meant that the costs of water fluoridation would be recovered, and £16.8 million saved on top as a result of lower NHS dental treatment costs. The LOTUS Study: Fluoridation for Adults | The University of Manchester

7.1 General Anaesthetic Potential Cost savings to the local NHS

Each episode of GA costs £1387. Reducing rates of GA can generate cost savings to the local health economy which could be invested in prevention initiatives to further reduce decay levels. Table 5 shows the potential to generate cost savings if the rate of GAs in fluoridated Hartlepool (GAs per 100,000 in 0-19 child population) is replicated in non- fluoridated areas of the North East. A potential of **£731,200** could be saved. To be noted: Sunderland has a lower rate of GA than Hartlepool, therefore no cost savings can be generated.

Table 5 General anaesthetic rates and potential cost savings to the NHS

Locality	Rate of general anaesthetics (GA) per 100,000 population (22/23)	Finished Consultant episodes with caries as the primary diagnosis (22/23)	Potential Cost Savings* to the NHS based on Hartlepool's GA rate per 100,000
Hartlepool (Baseline)	135	30	**Baseline**
Middlesbrough	319	120	£96,013
Redcar and Cleveland	284	85	£62,036
Stockton	241	115	£70,234
Darlington	366	90	£78,874
County Durham	348	400	£339,858
South Tyneside	319	105	£84,185
Sunderland	106	65	-£23,971
Total NHS Cost Savings			**£731,200**

Source: **Hospital_teeth_extractions__0-19Y_2022-2023.ods (live.com)** ***** based on NHS refence costs 2020/21 for multiple extractions for under 18s at £1387

8. North East Oral Health Improvement Programmes

Reviews of evidence by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People 2014) have found that in addition to water fluoridation the following targeted programmes reduce dental decay in 5-year-old children: supervised toothbrush, fluoride varnish, and provision of dental packs by post or by Health Visitors. North East Local Authorities and the NHS have invested heavily in these community based oral health programmes, **however, despite reductions in dental decay rates associated with these prevention initiatives, dental disease remains persistently high in deprived non-fluoridated areas**. Table 6 shows the oral health improvement programmes already implemented across non-fluoridated areas of the North East.

Table 6 Oral Health Improvement programmes in non-fluoridated areas of the North East

Local Authority	Supervised Toothbrushing Programmes	Fluoride Varnish programmes	Provision of toothbrush and toothpaste packs
South Tyneside	No	No	No
Sunderland	Targeted schools	No	No
County Durham	Targeted pre-schools and schools	No	No
Darlington	Universal schools	No	No
Stockton-on-Tees	Universal pre-schools and schools	Paused due to COVID	Yes universal
Middlesbrough	Universal pre-schools and schools	Paused due to COVID	Yes universal
Redcar and Cleveland	Universal pre-schools and schools	Paused due to COVID	Yes universal

9. Sustainability

All community level prevention programmes have an environmental cost but water fluoridation has the least impact on environmental sustainability.

https://www.nature.com/articles/s41415-022-4251-5

10. Public Opinion

In England, a recent study published in June 2021 assessed public attitudes in five areas in the North East of England, and found that **60% of respondents were in favour of adding fluoride to the water supply** to prevent dental decay, while 16% were opposed.

11. National Support for Water Fluoridation

Numerous health organisations support water fluoridation as a public health intervention to improve oral health and reduce inequalities. The below are just a few examples of stated support and useful references:

- The four Chief Medical Officers of the UK Water fluoridation: statement from the UK Chief Medical Officers - GOV.UK (www.gov.uk)
- The Chief Dental Officer NHS England » Statement of support for water fluoridation by the Chief Dental Officer for England
- The British Dental Association Dentist say seize the moment as CMOs back water fluoridation (bda.org)
- The BMA strongly supports water fluoridation on the grounds of effectiveness, safety and equity. bma-consultation-response-prevention-green-paper-oct-2019.pdf
- The British Association for the study of Community Dentistry BASCD 2023 Statement on Community Water Fluoridation is launched! - BASCD
- The British Fluoridation Society Fluoridation of Drinking Water - British Fluoridation Society (bfsweb.org)
- Royal College of Paediatrics and Child Health The case for fluoridation to protect children's oral health | RCPCH
- The British Society of Paediatric Dentistry Position Statement in support of fluoridation Microsoft Word - Fluoridation position statement August 2016.docx (bspd.co.uk)

12. Local Support for Water Fluoridation

As an Integrated Care System, there is unanimous support for the extension of water fluoridation. The Regional Local Dental Committee, the ICB and the Association of Directors of Public Health North East have expressed their support for the Government's proposal to extend fluoridation. Health and Wellbeing Boards and/or Health Scrutiny Committees have recognised the clinical impact water fluoridation can have to improve oral health and wellbeing.

The following are quotes from local system leaders in support of water fluoridation:

David Gallagher, executive area director with the North East and North Cumbria Integrated Care Board said:

"There is strong clinical evidence that fluoridation can have significant benefits in tackling dental disease. As an ICB we are fully supportive of proposals to expand the fluoridation of water across the North East, in line with our ambitions to help address long standing health inequalities and improve oral health"

Dr Alexandra Kent, a local GP and medical director with NHS North East and North Cumbria Integrated Care Board said:

"Fluoridation is a safe and effective intervention and has the potential to have a positive impact on so many people across the North East. Tooth decay is still the most common reason for hospital admission in children aged between 5 and 9 years. There is good evidence that fluoridation helps to reduce this risk."

Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry said:

“In my clinical work, I see the devastating impact of dental decay on children and their families and every time I remove multiple teeth from a child under general anaesthetic, I am deeply saddened. There is good evidence for the benefits and safety of water fluoridation and the economic arguments stack up too. I fully support implementation of fluoridation in our region as a key part of the package required to prevent this widespread disease”.

Tom Robson and Simon Taylor, Local Dental Network Chairs in the North East said:

“Dental decay causes misery pain and suffering to all those who experience it. Seeing children in particular suffering from an avoidable disease is particularly tragic. For those of us clinicians that work across the locality the obvious benefit of optimal fluoride levels in the public water supply is striking. As a society we have an obligation to protect those who are most vulnerable and community water fluoridation schemes that are both safe and effective do just that”.

Kamini Shah, David Landes, Martin Ramsdale, Consultants in Dental Public Health in the North East said:

“Preventing children from suffering unnecessary pain, sleepless nights and missing time off schools due to dental decay, should be a priority. Despite investment in prevention programmes, there are parts of the North East that continue to persistently have some of the worst dental disease rates in the country. Evidence shows water fluoridation could change this, it is safe and effective and makes the biggest difference to those who need it the most”.

Jennifer Owen, Chair of the Regional Local Dental Committee said:

“Fluoride makes enamel stronger and more stable, making it less susceptible to tooth decay. As a dentist we will always actively encourage brushing twice a day and reducing sugary foods and drinks, but, by making our enamel stronger, and reducing the ability of bacteria to produce tooth decay we are benefiting the whole population. How can we ethically deny this huge health benefit to so many, when we have the means and infrastructure to provide it?”

Amanda Healy, Chair of the Association of Directors of Public Health North East said:
“Oral health is an integral part of overall good health and wellbeing that allows our residents to eat, speak, smile, and socialise. Tooth decay is the most common oral disease affecting our children and young people, and although largely preventable, a significant proportion of our residents still have tooth decay. Across the North East, water fluoridation is the most effective way of improving the oral health of all communities as everyone drinks water. We are responsible for oral health promotion and while water fluoridation alone, will not eliminate tooth decay, it is a key part of wider oral health programmes that when combined will reduce decay levels and the impact of dental disease for our residents.”

Sir Liam Donaldson, Chair of the North East and North Cumbria Integrated Care Board (ICB) said:
"Oral health is a vital part of achieving good health, well-being and freedom from pain. Water fluoridation, the process of adjusting the amount of naturally occurring fluoride to a level to prevent tooth decay, is a long-standing goal of public health programmes around the world.

"This is so important as children grow and develop. It is a vital part of tackling inequalities, as children in poorer areas of our region suffer most from the painful and disfiguring impact of dental decay.

"Worldwide fluoride coverage is estimated to benefit 400 million people. As an Integrated Care Board, we are right behind the effort to extend the benefit of community water fluoridation to the North East. In so doing we will be making history by introducing what has been called 'One of the top 10 public health achievements of the 20th century,' along with tobacco control, vaccination and safer healthier foods."

Dr Kamini Shah, Consultant in Dental Public Health, NHS England

Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry

13.3.2024

Oral Health Promotion & Community Water Fluoridation

Adults, Wellbeing and Health Overview and Scrutiny Committee 9th May 2024

Amanda Healy
Director of Public Health
Chair of North East DPH Network
Adult and Health Services
Durham County Council

Aims of the Presentation

- Provide information on the Department of Health and Social Care (DHSC) consultation process to expand community water fluoridation schemes across the NE of England
- To update on the current position in relation to oral health
- To provide advice on next steps
- To seek multiple responses to the consultation

Statutory Responsibilities

- Primary care dental services are currently commissioned directly by NHS England and local authorities are statutorily required to provide or commission oral health promotion programmes (The Health and Social Care Act, 2012).

- Prior to 2022 local authorities had statutory responsibility and decision-making responsibilities for any new or varied water fluoridation schemes. This was included in our previous oral health strategy.

- The new Health and Care Act 2022 transferred responsibility for water fluoridation from LAs to the Secretary of State (SoS) in central government. The SoS now has responsibility for establishing any new water fluoridation schemes, or for varying or terminating existing water fluoridation schemes in England. This includes the cost of the scheme.

County Durham's Oral Health Promotion Strategy 2023 - 2028

County Durham's Oral Health Promotion Strategy 2023-2028

- In 2023 the Oral Health Promotion Strategy for County Durham was updated with water fluoridation being identified as an effective way of reducing inequalities in dental health.
- Water fluoridation alone, will not eliminate tooth decay but it is a key part of wider oral health programmes that when combined will reduce decay levels and the impact of dental disease for our residents.
- The updated strategy was supported by the Health and Wellbeing Board in 2023.

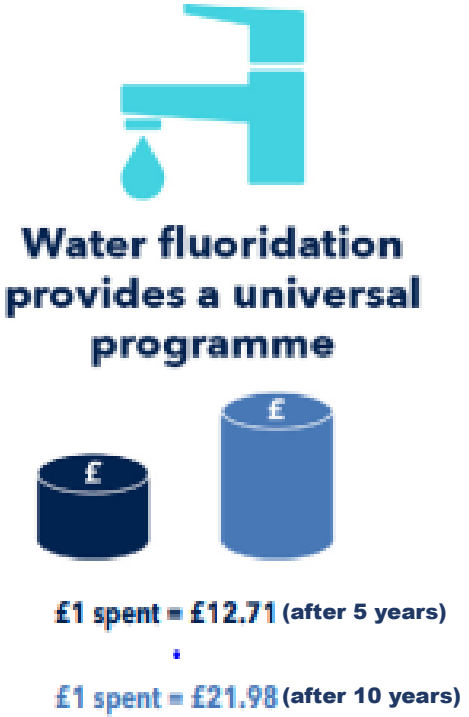
Durham County Council

County Durham's Oral Health Promotion Strategy 2023-2028

The strategy aims to:

- Improve oral health of everyone living in County Durham.
- Reduce oral health inequalities
- Create supportive environments, working with communities and partners to promote oral health
- Contribute to good oral health across the lifecourse.

"Water fluoridation should be part of an overall oral health strategy, it is one intervention which should run alongside others and offers the best return on investment of oral health initiatives."



Durham County Council

Community Water Fluoridation The Evidence Base

What we know

- Community Water Fluoridation **is effective.**
- Community Water Fluoridation **is safe.**
- Community Water Fluoridation **reduces inequalities.**
- Community Water Fluoridation **is cost effective.**
- Community Water Fluoridation **is sustainable.**

What we know

- Oral health is an integral part of overall good health and wellbeing.
- The impact of severe tooth decay has wide implications for children and families: pain, hospital admissions, and missed days from school.
- Tooth decay is the most common oral disease affecting children and young people with lifelong impacts. However, the benefits are across the all ages.
- Although largely preventable, a significant proportion of our residents still experience poor oral health.

What we know

- Strong evidence over many years that water fluoridation is associated with less dental caries and increase in the number of individuals with no caries. Also, an increase in the number of individuals with dental caries in areas where water fluoridation schemes are discontinued.
- Ensuring drinking water contains the recommended level of fluoride is an effective way to prevent tooth decay.
- Water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is effective, safe, without any convincing evidence of adverse health outcomes.
- Fluorosis is a dental side effect of water fluoridation. In mild cases it appears as white flecks on teeth.
- The risks of fluorosis need to be balanced against the health risks of severe dental decay.

The Common Myths and Concerns

- **Fluoride is a poison/pesticide**
  - Fluoride is naturally present in water and in some areas of the UK it is naturally at levels similar to, or even slightly higher than, those seen in fluoridation schemes. Fluoride is a common element (the 13th most common element in the earth's crust). Fluoride sources originate with fluoride-bearing rocks which are then processed to produce a variety of materials. Fluoride does not change the taste of drinking water.
- **Is fluoridation mass medication?**
  - A medication is typically used to relieve symptoms. Fluoride is a mineral, not a medication. It is proven by decades of research to prevent tooth decay.
- **Why is fluoride being added to my water when it is used in toothpaste?**
  - Fluoridation works in addition to fluoride in toothpaste. It is a public health measure endorsed by the 4 UK Chief Medical Officers.
- **Why do some non-fluoridated areas have better children's dental health than some fluoridated ones?**
  - Fluoridation is effective, but the prevalence of tooth decay depends on a wide range of factors including deprivation, dietary habits and regular tooth brushing with a fluoride toothpaste.
- **Is there any risk to pregnancy with fluoridated water?**
  - There is no evidence that fluoridated water at controlled levels has a negative impact on fertility, conception, pregnancy, perinatal health, childbirth or mother and baby wellbeing. There are benefits to developing children (which is a major reason for implementing fluoridation). Indeed, fluoridated water is the preferred method of getting the benefits of fluoride in the diet to other alternatives (for example supplements, toothpaste).

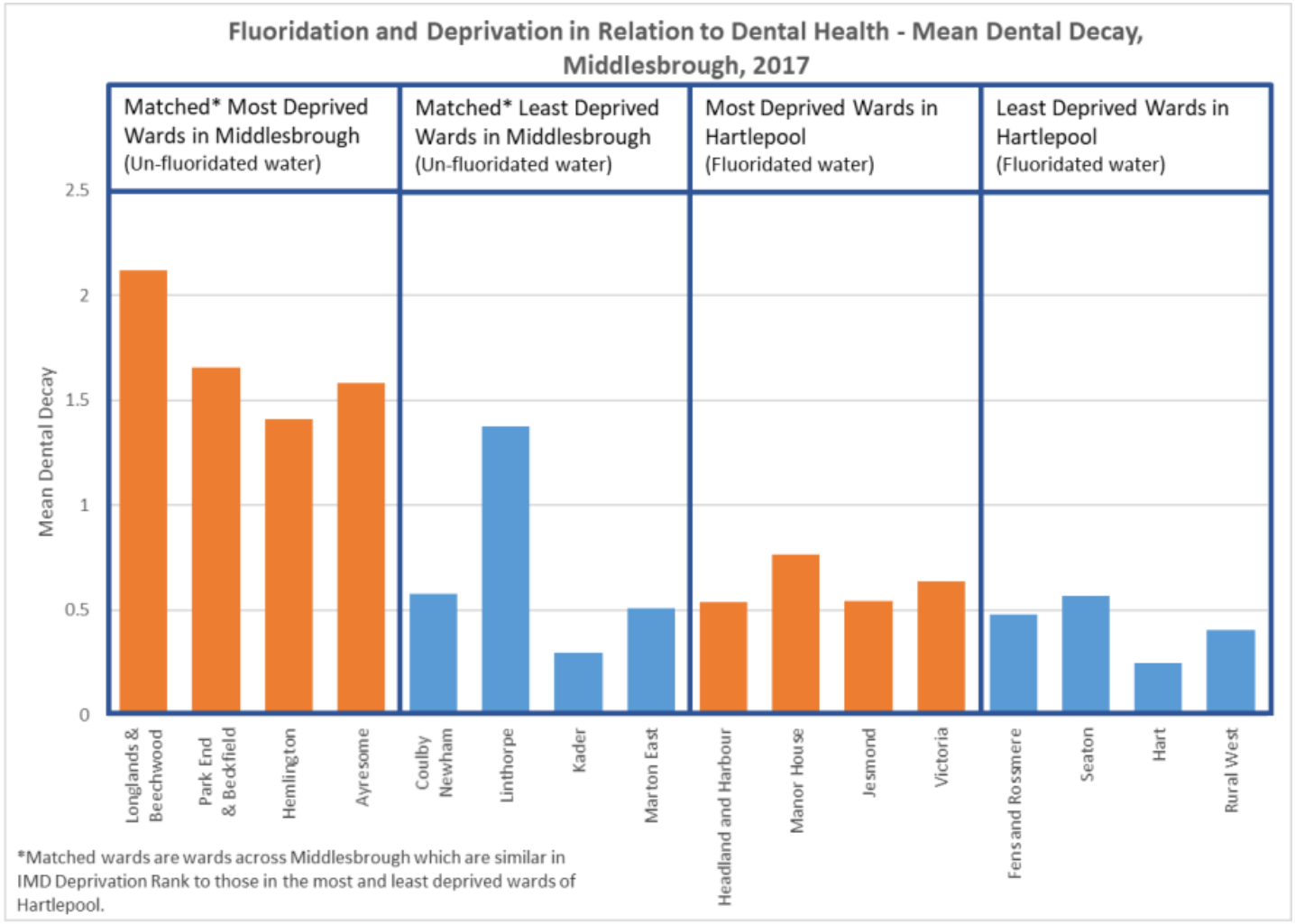
Areas of Fluoridation in the NE

- The North East has a long history of fluoridation, both natural and artificial.

- The areas of the North East that benefit from natural fluoridation are Hartlepool, parts of east Durham and parts of Sunderland, however, only Hartlepool and parts of east Durham have naturally fluoridated water at or near the optimum level for dental health.

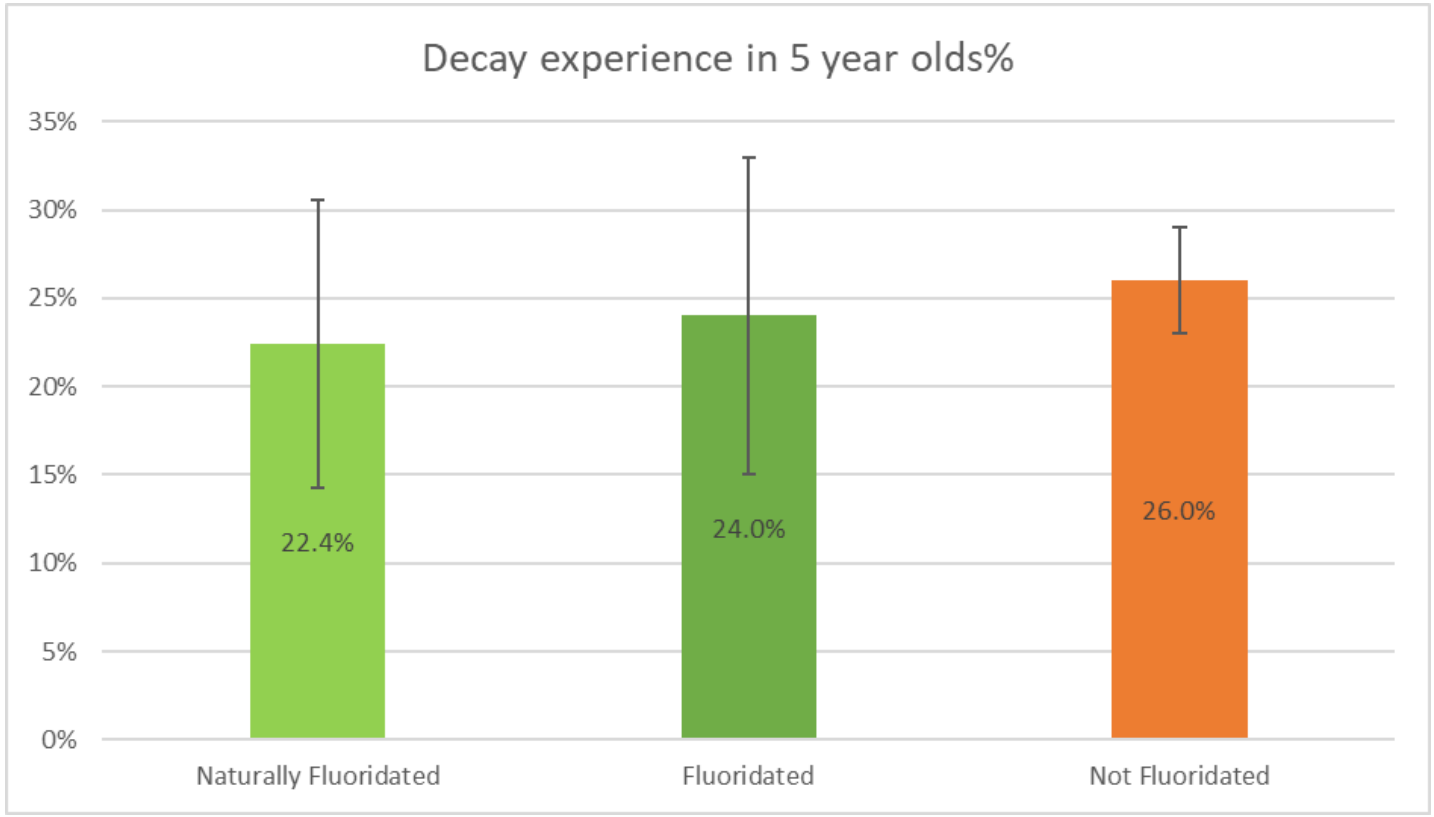
- Northumbrian Water has supplied artificially fluoridated water to the North East from the late 1960s including County Durham, (Chester le Street, Consett, and Stanley) Northumberland (Alnwick, Hexham, Cramlington), North Tyneside, Newcastle, Gateshead.

The gap in oral health between the most and least deprived wards (NE region)



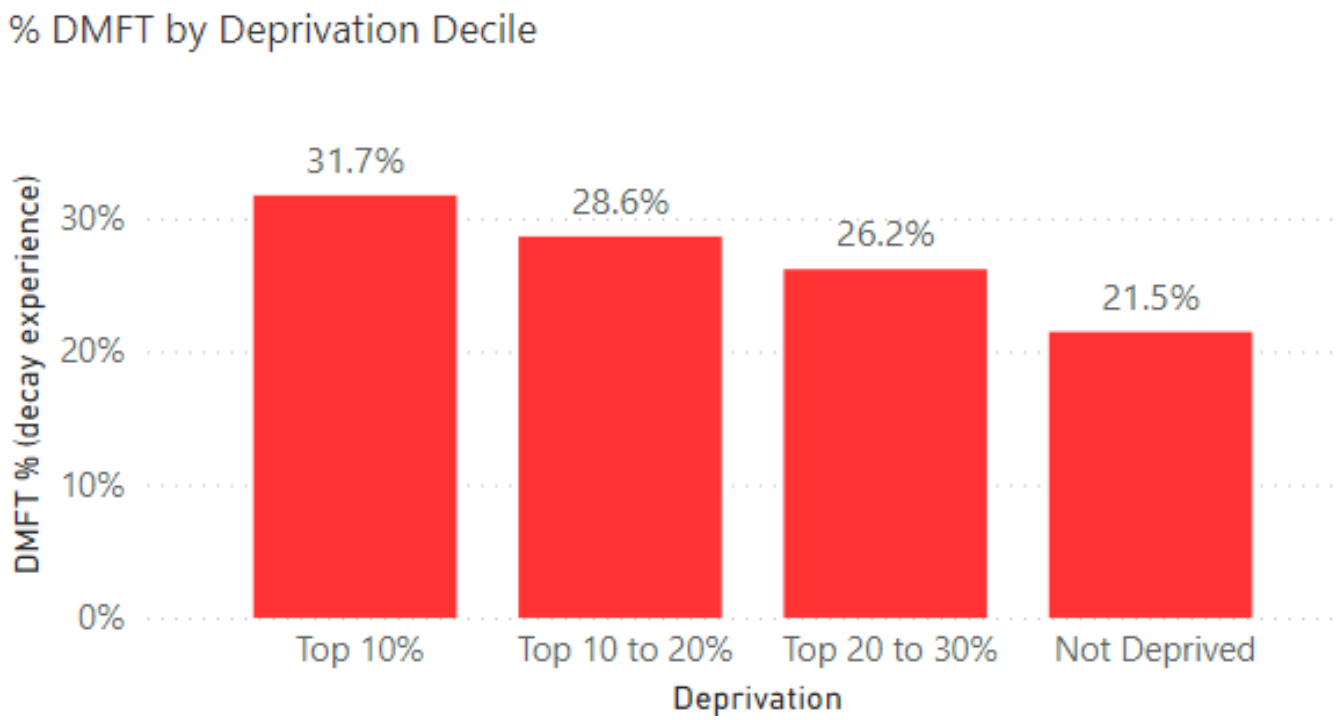
County Durham – tooth decay, 5 year old

26% of 5 years old children living in non-fluoridated areas have decay experience. This is 2% higher than those living in fluoridated (24%) and 3.6% higher than those living in naturally fluoridated areas (22.4%).



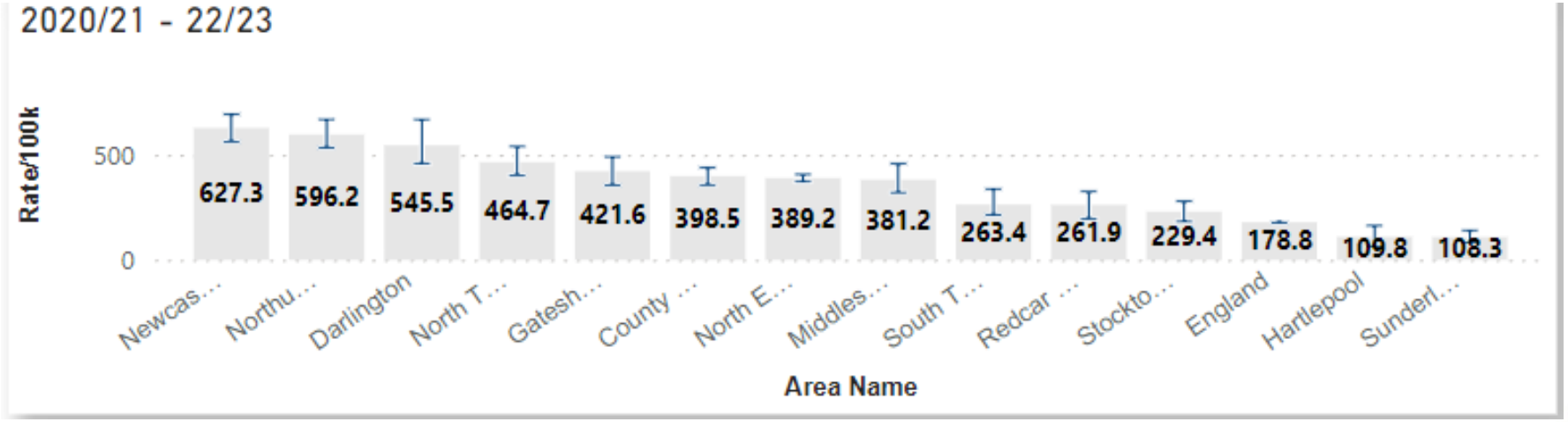
County Durham - Inequalities

In County Durham the prevalence of experience of dental decay was 21.5% in 5-year-olds living in the least deprived areas compared with 31.7% in those living in the most deprived areas.

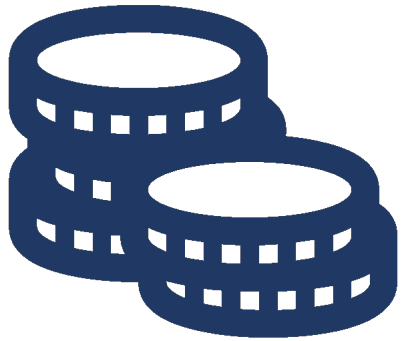


County Durham Hospital Admissions for Dental Caries (0-5 years)

- 2020/21 – 22/23 shows County Durham's hospital admission rate for tooth decay requiring tooth removal (0-5 yrs) was 398.5 per 100,000. That's 120 children per year.
- These children are receiving general anaesthetic which has inherent risks for what is a preventable disease.



Cost Effectiveness



Cost Effectiveness

The economic benefits associated with reducing dental caries in five-year-old children:

- The **estimated return for £1 investment into a water fluoridation scheme would be £12.71 after 5 years and £21.98 after 10 years.**
- In areas of high deprivation where decayed missing or filled teeth (DMFT) is greater than the average for England, the return on investment will be greater.
- The 2023 **LOTUS study** optimal water fluoridation had a cost of £10.30 per person, NHS treatment costs were £22.26 lower per person (5.5%), and patients paid £7.64 less (2%) in dental charges.
- Estimated that if 62% of the adults and teenagers in England attended NHS dental services at least twice within 10 years, the total return on investment would have been £16.9 million between 2010 and 2020.
- The costs of water fluoridation would be recovered, and £16.8 million saved on top as a result of lower NHS dental treatment costs. The LOTUS Study: Fluoridation for Adults | The University of Manchester

General Anaesthetic Potential Cost savings to the local NHS

- Each episode of GA costs £1387
- Reducing rates of GA can generate cost savings to the local health economy which could be invested in prevention initiatives to further reduce decay levels.
- The potential cost savings if the rate of GAs in fluoridated Hartlepool (GAs per 100,000 in 0-19 child population) is replicated in non- fluoridated areas of the North East. A potential of **£731,200** could be saved. (County Durham - £339,858)

Source: Hospital_teeth_extractions__0-19Y_2022-2023.ods (live.com) * based on NHS refence costs 2020/21 for multiple extractions for under 18s at £1387

Durham County Council

DHSC Consultation

DHSC Consultation

- Faster, simpler and fairer: our plan to recover and reform NHS dentistry sets out a focus on prevention of tooth decay. This includes the long-term ambition to systematically bring water fluoridation to more of the country, with a particular focus on the most deprived areas, which stand to benefit most. Government policy.

- There is a legal duty on the Secretary of State to undertake a formal public consultation before entering into new fluoridation arrangements, or varying existing agreements to community water fluoridation schemes across the NE of England.

- https://www.gov.uk/government/consultations/community-water-fluoridation-expansion-in-the-north-east-of-england

Consultation Process

1. Led by the DHSC and follows the UK CMO's position that it is a complementary strategy to other effective ways of increasing fluoride use.

2. Expansion of fluoridation in the NE is the current priority.

3. Statutory 12-week consultation 25 March 2024 -17 June 2024.

4. Concerns or enquiries can also be raised via a dedicated DHSC email address waterfluoridationconsultation@dhsc.gov.uk

5. Water fluoridation was part of the oral health strategy 2023, consulted upon locally.

6. Local authority role to ensure residents and key stakeholders are encouraged to provide their feedback on the proposals for expansion to community water fluoridation for County Durham and the NE.

7. A local consultation and engagement plan has been developed.

National Support for Water Fluoridation

Numerous health organisations support water fluoridation as a public health intervention to improve oral health and reduce inequalities. The below are just a few examples of stated support and useful references:

- The four Chief Medical Officers of the UK Water fluoridation: statement from the UK Chief Medical Officers - GOV.UK (www.gov.uk)
- The Chief Dental Officer NHS England » Statement of support for water fluoridation by the Chief Dental Officer for England
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- The BMA strongly supports water fluoridation on the grounds of effectiveness, safety and equity. bma-consultation-response-prevention-green-paper-oct-2019.pdf
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- Royal College of Paediatrics and Child Health The case for fluoridation to protect children's oral health | RCPCH
- The British Society of Paediatric Dentistry Position Statement in support of fluoridation Microsoft Word - Fluoridation position statement August 2016.docx (bspd.co.uk)

Regional and Local Support for Water Fluoridation

- The dental profession, medical colleagues, the ICB and all 12 Local Authorities in the North East have expressed their support for the Government's proposal to extend fluoridation.
- Health and Wellbeing Boards and/or Health Scrutiny Committees have recognised the impact water fluoridation can have to improve oral health and wellbeing.
- North East North Cumbria Integrated Care Board support for the extension of water fluoridation across the NE.
- The Association of Directors Public Health NE (ADPHNE) and the Regional Dental Committee all support water fluoridation.

Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry:

> ***"In my clinical work, I see the devastating impact of dental decay on children and their families and every time I remove multiple teeth from a child under general anaesthetic, I am deeply saddened. There is good evidence for the benefits and safety of water fluoridation and the economic arguments stack up too. I fully support implementation of fluoridation in our region as a key part of the package required to prevent this widespread disease".***

The regional Local Dental Committee

The regional Local Dental Committee have expressed their full support to extend water fluoridation, recognising that:

- **Tooth decay is largely preventable but remains a serious public health problem in the NE**
- **Water fluoridation is an effective and safe public health measure**
- **Water fluoridation can reduce the prevalence, severity and impact of tooth decay**
- **Water fluoridation reduces health inequalities, and the greatest reductions in tooth decay are seen in areas with high levels of deprivation**
- **Water fluoridation significantly reduces hospital admissions for tooth extractions**
- **Water fluoridation is a very cost-effective public health intervention**

Next Steps

1. Seek response from Adults, Wellbeing and Health Overview and Scrutiny Committee on the DHSC consultation on the expansion of the community water fluoridation scheme.
2. The consultation will also be presented to the Health and Wellbeing board, County Durham Care Partnership and with constituent organisations.
3. Individual professional responses.
4. Any further suggestions for consultation responses.

Any Questions?

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Overview and Scrutiny Committee

9 May 2024

Pharmacy services and the Pharmaceutical Needs Assessment in County Durham

Ordinary Decision

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of the report is to provide the Overview and Scrutiny Committee (OSC) with an update on pharmacy services in County Durham.

Executive summary

2 The Health and Wellbeing Board (HWB) is responsible for the production of a Pharmaceutical Needs Assessment (PNA) every 3 years. This considers the provision of NHS pharmaceutical services across County Durham. The HWB is also then responsible for monitoring ongoing changes to NHS pharmaceutical services to determine whether any of these changes could leave significant gaps in service delivery. This process is outlined in the report.

3 Community Pharmacy North-East Central (CPNEC) represents community pharmacy owners in County Durham and Sunderland. Alongside many other businesses on the high street, community pharmacies across England face a number of economic challenges. This report signposts to recent national communications describing these challenges.

4 Community pharmacies in County Durham deliver a range of NHS-commissioned services to their patients in addition to their core role of dispensing medicines. This report provides an overview of these NHS pharmacy services.

Recommendation(s)

5 OSC is recommended to:

(a) receive this report on 9 May 2024, and provide comment as necessary.

Background

6 Under the Health and Social Care Act (2012), the HWB is responsible for the production of a PNA every 3 years (available at www.durhaminsight.info/pna/). A PNA considers the views and health of our residents, the provision of NHS pharmaceutical services that can support these health needs, new housing and regeneration projects, and whether there are any potential significant gaps in service delivery over a 3-year period. Pharmaceutical services are services commissioned by the NHS that are provided by community pharmacies, dispensing appliance contractors, and dispensaries in GP practices.

7 The HWB is also then responsible for monitoring ongoing changes to NHS pharmaceutical services in County Durham to determine whether any of these changes could leave significant gaps in service delivery. This work is undertaken by the PNA Steering Group as a sub-group of the HWB. See Appendix 2 for the current membership of this Group.

8 Alongside many other businesses on the high street, community pharmacies across England face a number of economic challenges, which has led to some pharmacy closures. See Appendix 3 for examples of recent national communications.

9 In County Durham, the number of pharmacies has fallen by 5 between October 2023 and October 2024 (Appendix 4). However, the view of the PNA Steering Group is that there are still currently sufficient NHS pharmaceutical services across County Durham.

10 Community pharmacies deliver an increasing range of services to their patients in addition to their core role of dispensing medicines. See Appendix 5 for a description of the key NHS pharmacy services.

11 Community pharmacies have a choice as to whether they provide additional services in line with the standards required in the accompanying service specifications.[1] Pharmacies will only provide additional services if they have the infrastructure and capacity to do so (e.g. all pharmacies are required to have a consultation room). The majority of pharmacies in County Durham do choose to provide additional services to residents, e.g. 99% of County Durham pharmacies have signed up to provide the Pharmacy First service (Appendix 5).

12 Pharmacies continue to work with GP practices on the implementation of new services. For example, there are electronic tools to make

[1] For example, the Pharmacy First service specification at https://www.england.nhs.uk/publication/community-pharmacy-advanced-service-specification-nhs-pharmacy-first-service/.

referrals to community pharmacies from a number of health settings, such as GP practices and urgent treatment centres; new service specifications are enabling pharmacists to inform GP practice records of patient consultation outcomes; and there are lead community pharmacists linked to each Primary Care Network to discuss joint working.

13 In addition, although pharmacies are generally facing very challenging times, there are a number of important changes coming along which will enable pharmacies to make much better use of their workforce. For example, increased roles for registered pharmacy technicians[2] and the opportunity for all community pharmacists to become prescribers over the next few years.[3]

14 It is important that OSC members are aware of the services that pharmacies can offer to encourage the appropriate use of community pharmacies; and can appreciate the challenges that pharmacies may face.

Conclusion

15 OSC members will receive an update on pharmacy services and will have an opportunity to discuss pharmacy service provision in County Durham.

Background papers

- None

Other useful documents

- None

Author(s)

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Geraint Morris, Community Pharmacy North-East Central

[2] https://www.gov.uk/government/news/new-powers-for-dental-and-pharmacy-staff-to-free-up-appointments
[3] https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/

Appendix 1: Implications

Legal Implications

The HWB has a statutory duty to publish a PNA every 3 years. Pharmacies operate under The Terms of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations.

Finance

Potential financial implications if new pharmacy services are implemented.

Consultation and Engagement

The PNA process includes a statutory 60-day public consultation.

Equality and Diversity / Public Sector Equality Duty

Pharmacies routinely make reasonable adjustments for disabled patients.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

Potential staff implications if new pharmacy services are introduced, or existing services are discontinued.

Accommodation

None.

Risk

Pharmacy closures / consolidations could affect the overall adequate provision of pharmaceutical services in an area.

Procurement

National pharmacy services are procured by the NHS.

Appendix 2: PNA Steering Group

Current membership of the PNA Steering Group:

- Chair of the PNA Steering Group: Consultant in Public Health, Durham County Council
- PNA lead: Public Health Pharmacy Adviser, Durham County Council
- Housing and Regeneration: Member of the Regeneration, Economy and Growth team, Durham County Council
- County Durham Partnership: Partnerships Team Manager, Neighbourhoods and Climate Change, Durham County Council
- Healthwatch: Chair of Healthwatch County Durham
- Local Pharmaceutical Committee: Chair of Community Pharmacy North-East Central
- Integrated Care Board: Advanced Medicines Optimisation Pharmacist, North-East and North Cumbria ICB: County Durham
- Service mapping: Research and Consultant Officer, Research and Public Health Intelligence, Durham County Council

Note: Local members are also asked to comment on changes to pharmaceutical services via the County Durham Partnership team.

Appendix 3: Examples of national pharmacy communications

Supermarket pharmacy closures: a watershed moment? The Pharmaceutical Journal. https://pharmaceutical-journal.com/article/feature/supermarket-pharmacy-closures-a-watershed-moment.

ITV programme at https://www.itv.com/news/2024-01-11/pharmacies-the-new-nhs-frontline and Community Pharmacy England reply at https://cpe.org.uk/our-news/our-response-to-the-itv1-documentary-tonight-pharmacies-the-new-nhs-frontline/.

MP letter at https://cpe.org.uk/our-news/mps-unite-in-joint-letter-calling-for-urgent-change-in-community-pharmacy/.

Details of Health and Social Care Select Committee review at https://cpe.org.uk/our-news/medicines-supply-will-fail-if-pharmacies-cannot-keep-lights-on-warns-community-pharmacy-england/.

Community Pharmacy England press release on medicines shortages at https://cpe.org.uk/our-news/nhs-medicines-shortages-putting-lives-at-risk/.

Appendix 4: Pharmacies in County Durham

Locality	Number of pharmacies in October 2022	Number of pharmacies in October 2023
Dales	22	21 (Closure of Lloyds Pharmacy in Sainsbury's, Bishop Auckland)
Sedgefield	21	21
Easington	29	27 (Consolidation of two Boots Pharmacies in Easington Colliery. Closure of Asda Pharmacy, Seaham. Note: Closure of Boots Pharmacy, Horden in Feb 2024 will reduce locality pharmacy number to 26)
Derwentside	20	19 (Closure of Boots Pharmacy, Tanfield)
Durham	20	19 (Closure of Lloyds Pharmacy in Sainsbury's, Arnison Centre)
Chester-le-Street	12	12
Total number	**124**	**119** (118 in Feb 2024)

Complete pharmacy listing available at https://www.durhaminsight.info/pna/pna-listing-and-maps-2022-2025/.

Appendix 5: Examples of NHS pharmacy services

When the PNA 2022-25 was published in October 2022:

- Established NHS services were the: New Medicine Service, Flu Vaccination Service, Community Pharmacist Consultation Service.
- Newly introduced NHS services were the: Hypertension Case Finding Service, Smoking Cessation Service.

Since the publication of the PNA 2022-25, the following NHS pharmacy services have been launched:

- Pharmacy Contraception Service.
- Pharmacy First Service which has incorporated the Community Pharmacist Consultation Service.

A description of these NHS services and examples of promotional materials available to the public are:[4]

In February 2024, there are 9 advanced services within the national NHS Community Pharmacy Contractual Framework:

1. New Medicine Service (NMS)
2. Flu Vaccination Service
3. Hypertension Case Finding Service
4. Smoking Cessation Service (SCS)
5. Pharmacy Contraceptive Service (PCS)
6. Pharmacy First Service (PFS) (incorporates the previous Community Pharmacist Consultation Service (CPCS)
7. Lateral Flow Device (LFD) Service

In addition, there are two appliance services that pharmacies and dispensing appliance contractors may choose to provide:

8. Appliance Use Review (AUR)
9. Stoma Appliance Customisation (SAC)

New Medicine Service

The NMS was launched in 2011 to help tackle the harm caused by non-adherence to medication. 25-50% of medicines are not taken as intended or directed, and 15% of people receiving new medicines take few, if any, doses. This ‘non-adherence’ may lead to further prescriptions, tests and

[4] https://cpe.org.uk/national-pharmacy-services/advanced-services/

investigations, poor clinical outcomes, increased admissions to hospital, and premature mortality. Non-adherence to appropriately prescribed medicines is therefore a considerable issue for the NHS.

The NMS provides support for people with long terms conditions who are newly prescribed a medicine, in order to help improve medicines adherence. Pharmacy teams support patients taking specific drugs for the following conditions:

- Asthma and COPD
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndrome
- Stroke/transient ischaemic attack
- Coronary heart disease
- Atrial fibrillation
- Long term risks of venous thromboembolism/embolism

In 2024, subject to positive evaluation of an ongoing NHS pilot, the NMS may expand to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist.

Flu Vaccination Service

This annual service runs from September to March with the aim of vaccinating eligible patients by the end of January. The administration of a flu vaccine is legally authorised by a national Patient Group Direction (PGD), and covers patients aged 18 years and older in the NHS at-risk groups that are published each year at www.gov.uk/government/collections/annual-flu-programme.

Pharmacies must ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day.

Nationally the provision of this service continues to increase every year since the service began in 2015-16. In 2022-23 there were 5.01 million vaccines

administered by 9,650 community pharmacies at an average of 519 vaccines per pharmacy. This was an increase of 3.24% on the 4.85 million vaccines administered in 2021-22.

A search function at https://www.nhs.uk/nhs-services/pharmacies/ allows a search for a pharmacy that provides NHS flu vaccinations.

Hypertension Case Finding Service

Early detection of hypertension is vital, and community pharmacy can provide a key role in detection and subsequent treatment of hypertension. This service began in October 2021 to:

- Identify people aged 40 years or older with high blood pressure, who have previously not had a confirmed diagnosis of hypertension, and refer them to general practice for appropriate management (this can include people under 40 years, at the discretion of a pharmacist).
- Undertake clinic and ambulatory blood pressure checks when necessary, at the request of a general practice (Note: A blood pressure measurement is a 'clinic check' and ambulatory monitoring is 24-hour blood pressure monitoring).

At the end of a patient consultation, where readings indicate:

- Normal blood pressure - the pharmacist will promote healthy behaviours.
- High blood pressure - the pharmacist will offer Ambulatory Blood Pressure Monitoring from the pharmacy and will also promote healthy behaviours.
- Very high blood pressure - the pharmacist will refer the patient to see their GP within 24 hours.

GP practices can refer patients to community pharmacies for either clinic readings or ambulatory measurements. For example:

- The community pharmacy can be asked to measure the blood pressure of patients diagnosed with hypertension where the GP practice has no recent blood pressure measurement recorded.
- The community pharmacy can be asked to measure the ambulatory blood pressure of patients who have had a high clinic reading but have not yet been followed up with home or ambulatory monitoring.

A search function at https://www.nhs.uk/nhs-services/pharmacies/ allows a search for a pharmacy that provides free blood pressure checks.

Smoking Cessation Service

This service began in March 2022 and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing free NRT and behavioural support as required. In line with the NHS Long Term Plan, everyone admitted to hospital should be offered NHS funded tobacco treatment services by March 2024.

Pharmacy Contraception Service

The PCS:

- Offers women a greater choice of where they can access contraception services from.
- Creates extra capacity in primary care and sexual health clinics to support meeting the demand for more complex assessments.

In December 2023 the PCS provides:

- Ongoing monitoring and repeat supply of oral contraception initiated in primary care (including general practice and pharmacies) or sexual health clinics. This service element began in April 2023.
- Initiation of oral contraception. This service element began in December 2023.

Both initiation and ongoing supply are undertaken using PGD to support the review and supply process in community pharmacy.

A search function at https://www.nhs.uk/nhs-services/pharmacies/ allows a search for a pharmacy that provides the contraceptive pill without a prescription.

Lateral Flow Device Service

The LFD Service began in November 2023 and offers at-risk patients access to free LFD tests from pharmacies.

Pharmacy First Service

This service provides the opportunity for community pharmacy to play an even bigger role within the urgent care system.

The PFS began in February 2024 and incorporates the Community Pharmacist Consultation Service (CPCS).[5] The full service consists of three elements:

- Pharmacy First (clinical pathways) – this enables pharmacists to supply NHS medicines where clinically appropriate (including some POM medicines under PGD), to treat 7 common health conditions of:

    1. sinusitis: 12 years and over
    2. sore throat: 5 years and over
    3. acute otitis media (earache): 1 – 17 years
    4. infected insect bites: 1 year and over
    5. impetigo: 1 year and over
    6. shingles: 18 years and over
    7. uncomplicated urinary tract infections in women: 16 to 64 years

    Consultations for these 7 clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others.

- Pharmacy First (urgent repeat medicine supply) – previously commissioned as the CPCS.
- Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS.
  For the CPCS elements of the service, i.e. minor illness referral or the supply of urgent repeat medicines, both must follow a referral from NHS 111, general practices (urgent repeat medicine supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral).

A search function at https://www.nhs.uk/nhs-services/pharmacies/ will allow a search for a pharmacy that provides the PFS.

In addition, and to compliment the national Pharmacy First Service, an ICB-commissioned 'common conditions service' allows pharmacies across the region to offer advice and provide treatment on a number of minor illnesses (https://northeastnorthcumbria.nhs.uk/here-to-help-winter/common-conditions/).

Summary of public information available on these services:

General resources

[5] https://www.england.nhs.uk/long-read/launch-of-nhs-pharmacy-first-advanced-service/

- Information at https://www.nhs.uk/nhs-services/pharmacies/ provides an overview of pharmacy services and a search function for a pharmacy that provides the contraceptive pill without a prescription, free blood pressure checks and the NHS flu vaccination service.
- National videos on the following services are available at https://www.england.nhs.uk/publication/promotional-materials-for-community-pharmacy-services/: New medicines service, free blood pressure check service, providing the contraceptive pill without a prescription, smoking cessation service.
- Regional information and videos on the following services are available at https://northeastnorthcumbria.nhs.uk/here-to-help/common-conditions/ and https://northeastnorthcumbria.nhs.uk/here-to-help/pharmacy/: free blood pressure check service, providing the contraceptive pill without a prescription, Pharmacy First Service.

Pharmacy First Service

National

- Campaign resource materials at https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-primary-care/think-pharmacy-first/

Regional

- Press release at https://northeastnorthcumbria.nhs.uk/news/posts/pharmacy-healthcare-revolution-offers-quick-and-convenient-care-for-common-conditions/
- Common conditions toolkit and information at https://northeastnorthcumbria.nhs.uk/here-to-help/common-conditions/
- ICB-commissioned minor ailment service at https://northeastnorthcumbria.nhs.uk/here-to-help-winter/common-conditions/.

NHS
North East and North Cumbria

Dear colleagues,

Briefing: GP Contract Changes 2024/25

NHS England have now confirmed arrangements for the GP contract in 2024/25.

Quality Outcomes Framework

The Quality and Outcomes Framework (QOF) is a system designed to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. New indicators, or changes to indicators are agreed as part of the GP contract negotiations every year. These indicators have points attached that are given to GP practices based on how they are doing against these measures, thereby releasing funding.

In general, they cover:

- management of some of the most common chronic conditions, for example asthma and diabetes
- management of major public health concerns, for example smoking and obesity
- providing preventative services such as screening or blood pressure checks

In the new GP Contract, QOF will be streamlined through suspending and income protecting 32 indicators (out of 76 QOF indicators). For the income protected indicators, this will mean that practices will be awarded QOF points based on their performance in previous years, while points for the remaining live indicators continue to be conditional on their performance in the year at hand.

Investment and Impact Fund (IIF)

The Investment and Impact Fund (IIF) is like QOF, but rewards PCNs (groups of General Practice), rather than single practices. The scheme is focused on supporting PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework.

The scheme contains indicators that focus on where PCNs can contribute significantly towards the 'triple aim':

- improving health and saving lives (e.g. through improvements in medicines safety)
- improving the quality of care for people with multiple morbidities (e.g. through increasing referrals to social prescribing services)
- helping to make the NHS more sustainable.

The Investment and Impact Fund (IIF) in 24-25 will be streamlined by reducing the number of indicators from five to two. Funding from the three retired indicators, relating to flu and access, will be redirected into the Capacity and Access Payment (CAP). The two retained indicators will be health checks for people with a learning disability and the use of FIT testing (Fit Testing is a method for checking that a specific make, model and size of tight fitting facepiece matches an individual's facial features and can provide an adequate seal to the wearer's face) in cancer referral pathways, worth £13m.

Helping practices with cash flow and increasing financial flexibilities

NHSE have heard from practices and the profession that economic pressures over recent years have been challenging, and that flexibilities are needed to help practices and networks to develop innovative delivery models and meet local patient priorities.

They are therefore increasing The Capacity and Access Payment (CAP), paid to PCNs by £46m to £292m. This payment is used by PCNs to support their practices in improving access.

Give PCNs more staffing flexibility

The Additional Roles Reimbursement Scheme (ARRS) has been successful in expanding the professional teams aligned to general practice e.g., community pharmacists providing medicines support, or First Contact Physiotherapists providing support with musculoskeletal problems such as neck or back pain.

NHSE are increasing the number of roles:

- Enhanced nurses will be included in the scheme (capped at one per PCN - two where the list size is 100,000 or over).
- Caps on all other direct patient care roles will be removed.
- The recruitment of other direct patient care, non-nurse and non-doctor MDT roles

will be allowed if agreed with the ICB.
- More flexibility will be introduced in funding arrangements for mental health practitioners.
- PCNs will now be able to claim reimbursement for the time personalised care roles undertake in training or apprenticeships.

Improving patient experience of access (Digital Telephony)

In December 2023, GPs and their teams delivered an increase of 9% more appointments compared to pre-pandemic.

NHS England are asking PCNs and practices to review the data that digital telephony systems generate with a quality improvement focus, ahead of national extraction of this data from October 2024. The purpose of extracting this data will be to better understand overall demand on general practice in advance of winter.

In 2024/25 the GP Contract will be amended to require practices to provide data on eight metrics through a national data extraction, for use by PCN Clinical Directors, ICBs and NHS England.

These eight metrics are:

- call volumes
- calls abandoned
- call times to answer
- missed call volumes
- wait time before call abandoned
- call backs requested
- call backs made

This data will be used by ICBs and NHS England to support service improvement and planning, for example:

- better insight into patient demand and access trends which systems can use to support understanding of operational pressure in general practice; and
- better understanding patterns of demand and period of surge activity to inform commissioning of local services.

The requirement will come into force from October 2024 to allow practices time to review and understand their own data before it is shared as outlined.

Registering with a GP

NHS England has co-developed a new registration solution with patients and practices to make registering with a GP easier, simpler and standardised. Over 2000 practices have already adopted the solution which consists of an online registration service and a new paper form. Practices will be contractually required to adopt and offer both formats. There will be a mobilisation period with both formats to be in place from October 2024.

Armed Forces Veterans

The GP Contract will be updated so that practices must have due regard for the requirements, needs and circumstances of Armed Forces Veterans when offering services and making onward referrals.

County Durham Care Partnership

GP Contract Changes 2024/25

Adults and Health Overview and Scrutiny Committee

May 2024

GP Contract 2024/25

- General Practices are independent contractors that work for the NHS under the General Medical Services (GMS) contract
- DHSC listened to views of the profession and patients to understand priorities for the GMS contract
- New contract addresses these views where possible
- Key messages from consultation:
  - the need for simpler and more flexible arrangements, which help practices free up time and **improve patient access and experience**
- New contract was published in late February 2024

Key Changes

1. **Cut bureaucracy for practices** by suspending and income protecting 32 out of the 76 Quality and Outcomes Framework (QOF) indicators. The Investment and Impact Fund (IIF) indicators will be reduced from five to two and the Capacity and Access Payment (CAP) will increase by £46m to £292m by retiring three Investment and Impact Fund (IIF) indicators
2. **Help practices with cash flow and increase financial flexibilities** by raising the QOF aspiration payment from 70% to 80% in 2024/25 and the Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment
3. **Give Primary Care Networks (PCNs) more staffing flexibility** by including enhanced nurses in the Additional Roles Reimbursement Scheme (ARRS) and giving PCNs and GPs more flexibility by removing all caps on all other direct patient care roles
4. **Support practices and PCNs to improve outcomes** by simplifying the Directed Enhanced Service (DES) requirements
5. **Improve patient experience of access** by reviewing the data that digital telephony systems generate to better understand overall demand on general practice in advance of winter

Cutting Bureaucracy

Cut bureaucracy for practices

For QOF income protecting 32 out of the 76 indicators based on performance in previous years. For the other 44 indicators funding based on actual performance

IIF reduced to two indicators:

- Learning disability health checks
- Early cancer detection (FIT testing)

Three previous indicators removed:

- Seasonal influenza vaccination (18-65, at risk groups and children age 2-3)
- Percentage of patients who time from booing to appointment was less than 2 weeks

Money from retired indicators added to Capacity and Access Payment

Cashflow and Financial Flexibilities

Help practices with cash flow and increase financial flexibilities

QOF aspiration payment raised to 80% - practices will be paid 80% of their expected income from QOF upfront

Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment

Reducing delays in accessing funding that can improve services

PCN Staffing Flexibility

Give Primary Care Networks (PCNs) more staffing flexibility

New roles that can be funded via the ARRS scheme e.g. enhanced services
Removing caps on recruitment of other direct patient care roles

Support to Improve Outcomes

Simplifying the Directed Enhanced Service (DES) requirements
Enhanced Access specification will remain as a stand-alone specification
Remaining eight service specifications will be replaced by one simpler overarching specification
Simplifying the PCN clinical director role and key responsibilities

- Co-ordination of service delivery
- Allocation of resources
- Supporting transformation towards Modern General Practice
- Supporting development of Integrated Neighbourhood Teams

PCN Clinical Director Payment and PCN Leadership and Management Payment to become core PCN funding to give PCNs more autonomy (£183m nationally)

Improve experience of access

Digital telephone contracts to be procured through the national framework
GP Contract amended to require practices to provide data on 8 key metrics:

1. Call volumes
2. Calls abandoned
3. Call times to answer
4. Missed call volumes
5. Wait times before call abandoned
6. Call backs requested
7. Call backs made
8. Average call length time

Data will be used to provide:

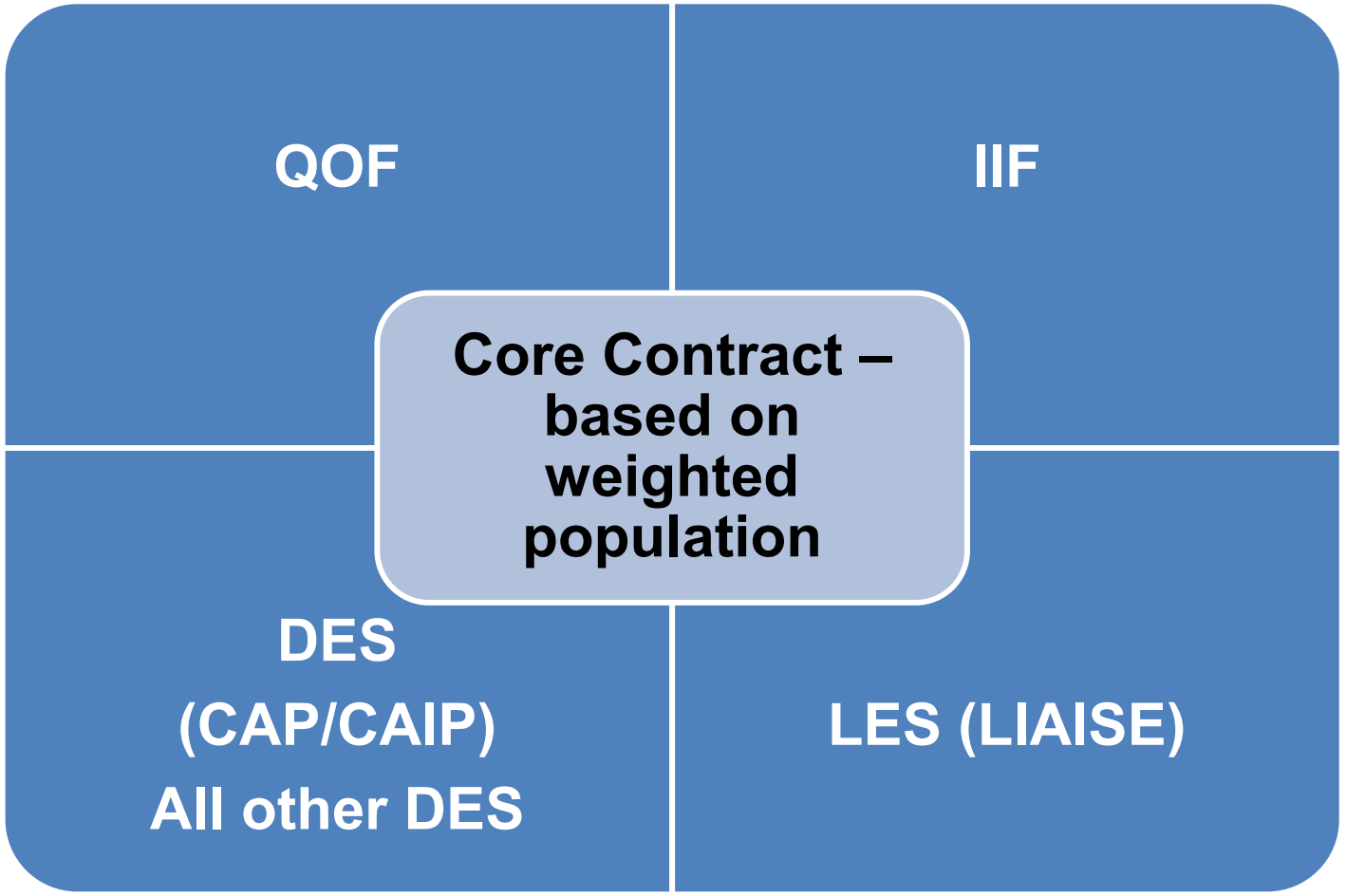
- Better insight into patient demand and access trends which aid understanding of operational pressures
- Better understanding of patterns of demand and period of surge activity to inform commissioning of local services

LES/LIAISE

- Locally developed scheme targeted at areas of need
- Ensures that Durham GPs sign up to a range of ‘must do’s
- Go further on a range of local and national targets e.g. improve coding of CYP with LD diagnosis, have an allocated SEND champion, health checks for LD/SMI
- Wide range of clinical service delivered in practice to avoid the need to go to hospital e.g. phlebotomy, ear care, ECGs, cryotherapy
- Shared care arrangements
- Delivers savings and provides improved experience
- Giving 111 access to appointments
- Engagement with patients – Practice Participation Groups

Revised every year based on previous performance and new emerging priorities

How GP Services are Funded



Useful Reference Information

Jargon Busting

GP = General Practice – the organisation that provides general medical services to their registered population
GP = General Practitioner – offers general medical services to patients of all ages. They are physicians who treat acute and chronic illnesses and provide preventative health care and education. They also refer patients to specialists
PCN = Primary Care Network – groups of practices working together to focus on local patient care
INT = Integrated Neighbourhood Team – work collaboratively to provide care in a more integrated way across health, social care and public health
TAP = Teams Around Patients – Primary care, social care and community nursing staff working together to support joined up health and care based on PCN geographies

DES = Directed Enhanced Service – nationally agreed services that must be offered to all practices. Commissioners must ensure that the service is provided for a population
LES = Locally Enhanced Service – Can be developed by local commissioners to enhance core provision and are not nationally agreed.
QOF = Quality and Outcomes Framework – voluntary reward and incentive programme. Rewards practices for quality of care they provide and is measured at practice level
IIF = Investment and Impact Fund – rewards performance based on national priorities. Similar to QOF but measured on the performance of a PCN rather than practice level
CAP = Capacity and Access Payment is funding that is designed to give practices space, funding and licence to make improvements to help manage demand and improve experience of access
CAIP = Capacity Access and Improvement Payment – funding based on commissioner assessment of improvements against the following three indicators

- Better digital telephony
- Simpler online requests
- Faster care navigation, assessment and response

IIF = Investment and Impact Fund – an incentive scheme focussed on supporting PCNs to deliver high quality care for the population and to support achievement of priority objectives in the NHS Long Term Plan.
ARRS = Additional Role Reimbursement Scheme – funding for practices to recruit additional roles to PCNs to create bespoke multi-disciplinary teams

PCNs/INTs

Integrated Neighbourhood Teams	Primary Care Network	Practice	Registered List Size	Weighted List Size
Chester le Street	**Chester le Street**	Bridge End	7987	8899
		Sacriston	10741	11413
		Middle Chare	9378	10469
		Great Lumley	5364	5823
		Pelton and Fellrose	9633	11070
		Cestria	12775	13710
		Villages	4211	5259
	Chester le Street Total		**60089**	**66643**
Chester le Street Total			**60089**	**66643**
Derwentside	**Derwentside**	Drs Lambert & Ng	5259	6589
		Tanfield View	10875	12992
		Consett	17112	19763
		Stanley	12278	14196
		Queens Road	15711	17185
		Lanchester	4127	4887
		Browney House	2602	3012
		Oakfields	7605	9000
		The Haven	1718	2238
		Leadgate	6012	6812
		Annfield Plain	3552	4222
		Cedars	5987	6358
	Derwentside Total		**92838**	**107255**
Derwentside Total			**92838**	**107255**

PCNs/INTs

Integrated Neighbourhood Teams	Primary Care Network	Practice	Registered List Size	Weighted List Size
Durham	**Claypath and Uni**	Claypath	34077	25405
	Claypath and Uni Total		**34077**	**25405**
	Durham East	Belmont & Sherburn	6217	6855
		West Rainton	5461	6635
		Coxhoe	7325	8960
		Cheveley Park	4920	5233
		Bowburn	4306	4456
	Durham East Total		**28229**	**32139**
	Durham West	The Medical Group	26788	31491
		Dunelm	14239	14971
		Chastleton	10656	11507
	Durham West Total		**51683**	**57970**
Durham Total			**113989**	**115514**
Durham Dales	**Bishop Auckland**	Station View	9860	12109
		Auckland Medical	15440	18387
		Bishopgate	13458	16075
	Bishop Auckland Total		**38758**	**46571**
	Teesdale	Woodview	2559	3352
		Old Forge	2675	3188
		Barnard Castle	10864	12573
		Pinfold	2949	3608
		Gainford	3591	4187
		Evenwood	2185	2572
	Teesdale Total		**24823**	**29480**
	Wear Valley	Willington	9160	10939
		North House	13554	15626
		Weardale Practice	7157	9553
	Wear Valley Total		**29871**	**36117**
Durham Dales Total			**93452**	**112169**

PCNs/INTs

Integrated Neighbourhood Teams	Primary Care Network	Practice	Registered List Size	Weighted List Size
Easington	**Durham Coast**	East Durham	18258	23766
		Wingate	3447	4327
		Bevan	8216	10498
		Southdene	3538	4273
	Durham Coast Total		**33459**	**42863**
	Easington Central	Blackhall And Peterlee	9991	12813
		William Brown	15828	19584
		Horden Group	8102	10222
	Easington Central Total		**33921**	**42618**
	North Easington	Murton	7309	9221
		Marlborough	11177	13478
		New Seaham	4666	5325
		Byron	8382	9917
		Silverdale	6468	7203
	North Easington Total		**38002**	**45143**
Easington Total			**105382**	**130625**
Sedgefield	**Sedgefield 1**	Hallgarth	5231	6504
		Bewick Crescent	13354	15909
		Jubilee	12095	13708
		Peaseway	12221	13575
	Sedgefield 1 Total		**42901**	**49697**
	Sedgefield North	St Andrews	15174	17104
		Ferryhill And Chilton	14897	17727
		Bishops Close	8698	10139
		Skerne	16651	20602
		West Cornforth	2780	3298
	Sedgefield North Total		**58200**	**68869**
Sedgefield Total			**101101**	**118566**
Grand Total			**566851**	**650772**

LIAISE

- £s per head of weighted population (£ Block, £ quality)
- Practices must commit to delivering a gateway criteria to eligible of the scheme: Core contract, PCN DES, elements of UEC, QOF, MO workplan, DVT Pathway, IC+ Beds
- Al 61 practices have signed up to deliver
- Practices must deliver the whole block to receive payment (with exception for frailty & 2ww skin cancer which have hard targets/claw back amounts applied)
- Under achievement in the quality section results in funding being clawed back

LIAISE Block

- Engagement with ICB & Patients
- Improving access – offering video consultations where appropriate
- Supporting UEC Network
- Supporting Integration work and aging well
- Primary Care Navigation
- Physical Health checks for patients with SMI
- Allow access for system partners to work where room available
- GNRH analogue therapy
- Ear Care
- Phlebotomy for secondary care outpatients
- Staff covid & flu vaccinations
- Developmental work to improve uptake for flu vaccs in pregnant women

LIAISE Block cont…

- Various follow up bloods for cancer patients, Chronic Lymphocytic Leukaemia, Monoclonal Gammopathy of unknown significance, post bariatric follow up, Chemotherapy monitoring , Gender Dysphoria
- Denosumab injections and appropriate monitoring
- ABPI assessments
- COVID, Pulse oximetry at home, support long covid pathways, vaccs programme as requested by JCVI
- 2ww skin cancer – target for quality images
- ECG, 24 hour ECG, BP@home,
- Cryotherapy
- Wound care
- Deliver respiratory, MSK, urology pathways
- Calprotectin tests and FiT testing in accordance with the regional GI pathway
- Prescribing of peri-procedural or obstetric low molecular weight heparin will be managed by secondary care who will retain prescribing and clinical responsibility
- B12 injections as appropriate
- Shared care drugs

LIAISE Quality & Prescribing

- Practices must actively invite a minimum of 90% of eligible patients for COVID vaccinations
- Flu vaccinations - A minimum of 75% of adults aged 65 and over
- Flu vaccinations - target of 75% for vaccination of people with COPD
- Fly vaccinations - minimum of 50% of pre-school (2 and 3 year old) infants
- AHCs, to 76% of people by 2025 (aged 14 and over) on their Learning Disabilities QOF register
- Work to improve coding of CYP with LD diagnosis
- Have an allocated SEND champion
- 60% AHC for patients with SMI
- 90% of patients referred within the 2 week wait for suspected cancer will receive the appropriate patient information leaflet
- Work to reduce prescribing on: Antibiotics amoxicillin, Opiods, Gabapentinoids
- Polypharmacy workstream

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Adults Wellbeing and Health Overview and Scrutiny Committee

9 May 2023

NHS Foundation Trust Quality Accounts 2023-24

Paul Darby, Corporate Director of Resources

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to provide the Adults Wellbeing and Health Overview and Scrutiny Committee the opportunity to consider and comment on the draft 2023/24 Quality Accounts for:-

(a) County Durham and Darlington NHS Foundation Trust;

(b) Tees, Esk and Wear Valleys NHS Foundation Trust, and

Executive summary

2 The Health Act 2009 requires NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the report is for each trust to assess quality across all of the healthcare services they offer by reporting information on that performance and identifying priorities for improvement during the forthcoming year together with how they will be achieved and measured.

3 Overview and scrutiny plays an important role in providing assurance against Quality Account reports and gives local authority councillors an opportunity to comment on associated healthcare issues that they are involved in locally and have engaged with Trusts during the course of their activities over the year. Local authority health scrutiny guidance also suggests that OSCs may also wish to comment on how well providers have engaged with patients and the public and also how well they have promoted the Quality Account.

4 Representatives of County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance to present their respective draft Quality Account, which will include information on performance against the 2022/23 priorities and also the proposed priorities for 2023/24.

5 In accordance with legislative requirements, upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.

Recommendation(s)

6 The Adults Wellbeing and Health Overview and Scrutiny Committee is:-

i) invited to consider and comment on each draft quality account, the 2023/24 performance and proposed priorities for 2024/25.

ii) recommended to delegate authority to the Democratic Services Manager as the Council's Statutory Scrutiny Officer in consultation with the Chair and Vice Chair of the Adults Wellbeing and Health OSC to finalise the responses to be submitted within 30 days of their publication.

Background

7 The Health Act 2009 requires NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2023/24 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

8 Overview and Scrutiny plays an important role in the development and providing assurance of Quality Account reports. Regulation 10 of the Health Act 2009 requires the NHS Trusts to send a copy of their report to be considered by the appropriate Overview and Scrutiny Committee within 30 days beginning with 1 April at the end of the reporting period.

9 Department of Health Guidance states that OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.

10 Quality Accounts aim to encourage local quality improvements, and OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally and have engaged with providers during the course of their activities during the year.

NHS Foundation Trust Quality Accounts 2023/24

11 The timing of today's Adults Wellbeing and Health Overview and Scrutiny Committee means that not all of the draft NHS Quality Account were received for inclusion within the agenda pack.

12 Upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.

13 Representatives of County Durham and Darlington and Tees Esk and Wear Valleys NHS Foundation Trusts have been invited to the meeting to present to members information on their draft Quality Account for 2023/24 and respond to any member questions.

14 Presentations will be given by representatives of County Durham and Darlington NHS FT and Tees Esk and Wear Valleys NHS Foundation Trust detailing information on performance against the 2023/24 priorities and also the proposed priorities for 2024/25. The presentations are attached at Appendices 2 and 3.

15 As members will recall representatives of North East Ambulance Service attended the Committee's meeting on 8 February 2024 to update members on their 2023/24 Quality Account performance and have indicated that they do not have the capacity to attend every Health OSC within their organisational footprint. It is proposed that the comments made at the February meeting together with any representations received following the publication and circulation of the NEAS 2023/24 Quality Account will be forwarded to NEAS as this Committee's formal response to their Quality Account document.

16 Proposed responses to the respective draft NHS Foundation Trust Quality Accounts will be drafted and submitted for approval by the Democratic Services Manager as the Council's Statutory Scrutiny Officer in consultation with the Chair and Vice Chair of the Adults Wellbeing and Health OSC.

Background papers

- None

Other useful documents

- None

Author(s)

Stephen Gwillym Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced to reflect the requirements of the Health Act 2009.

Finance

None.

Consultation

The Adults Wellbeing and Health Overview and Scrutiny Committee are invited to comment on the NHS Foundation Trust Draft Quality Accounts documents 2023/24 as outlined in this report.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 3: County Durham and Darlington NHS Foundation Trust Draft Quality Account 2023/24 presentation

Attached as a separate document

Appendix 4: Tees, Esk and Wear Valleys NHS Foundation Trust Draft Quality Account 2023/24 presentation

Attached as a separate document

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NHS
County Durham and Darlington
NHS Foundation Trust

Durham County Council Adults Health and Wellbeing Overview and Scrutiny Committee

Meeting – 9th May 2024

Quality Accounts Summary - Warren Edge and Lisa Ward

safe • compassionate • joined-up care

www.cddft.nhs.net

Introduction

NHS
County Durham and Darlington
NHS Foundation Trust

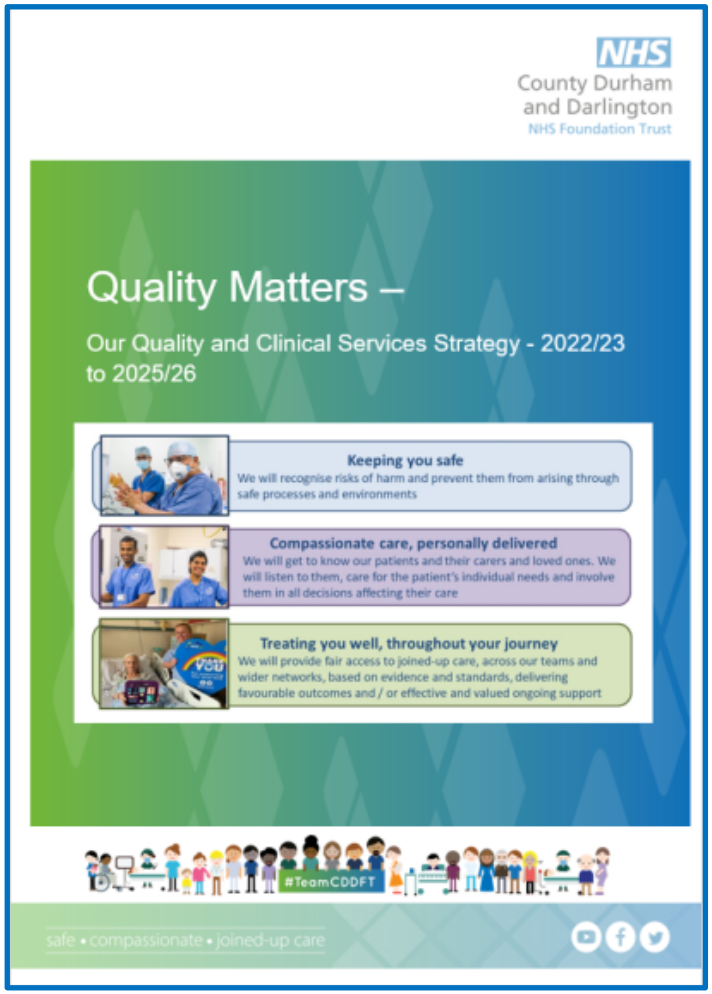
- Quality Matters – is our strategy to 2025/26 to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.

- Our priorities for 2023/24 reflected the priorities in the refreshed strategy and priorities brought forward from 2022/23 where there was further work required

- We have appointed a Director of Quality to lead on quality assurance and embedding QI in in our clinical services.

- Since our quality account priorities are driven by a four year strategy they are stretching ambitions to be achieved over the longer-term rather than in a single year. We have changed our RAG ratings to indicate whether we are tracking against our strategy and making improvements year on year

- Some content is still being worked on, in line with the national timetable.



Quality Strategy Progress

NHS
County Durham and Darlington
NHS Foundation Trust

A RAG-rating system has been used to indicate progress to date, using the following key:

On track to deliver improvements expected over the life of the strategy		Broadly on track, with some consolidation of improvements needed	
Improvements have been made; however, there remains some further work needed during the four year-strategy period to meet the objective.		Off track, with remedial work needed	

We have also added arrows to show the direction of travel i.e. whether we have made improvements compared to the prior year or deteriorated as follows:

Improving	↑	Deteriorating	↓

Please note that all ratings are provisional pending review by the Trust's Quality Committee and Integrated Quality and Assurance Committee in mid-May

Summary - Safe

NHS
County Durham and Darlington
NHS Foundation Trust

Priority	Rating	Trend	Overall summary note
Reducing Falls and harm from falls			Falls per 1,000 bed days have reduced particularly on acute sites, through a range of local quality improvement work, as illustrated in the detail. Our Falls Group continues to drive improvement.
Minimising harm from pressure ulcers			There has been one Grade 3 ulcer and one Grade 4 ulcer with lapses of care during the year. We still benchmark strongly; however, this is above our zero tolerance.
Reducing harm from healthcare associated infections			We have seen 8 MRSA cases compared to our zero tolerance and, despite benchmarking well nationally and regionally, have breached NHSE thresholds for reportable infections. We have reinvigorated our bi-weekly HCAI Reduction Group meetings.
Improving maternity services			CQC's re-inspection confirmed significant improvements. Further work is needed to increase staffing and ensure that it is resilient.
Minimising harm from invasive procedures			Improvements have been made in version control, protocol documentation, education and awareness. A re-audit is planned for Quarter 1, 2023/24 to confirm improvements.
Recognising and acting on patient deterioration			There is high compliance with taking of observations, but a need to reinforce use of the system for escalation and to learn from some recent incidents. A quality improvement programme is in place.
Minimising harm from sepsis			Sepsis screening is automatically triggered for relevant patients. Screening rates are high and a manual audit has confirmed the same for antibiotics in one hour. Further work is focusing on embedding improvements and ensure blood cultures are timely.

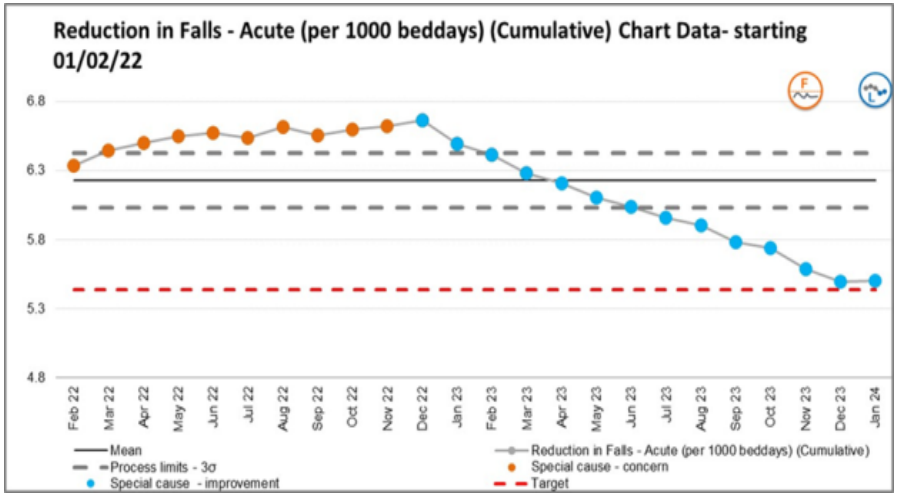
Summary – Experience and outcomes

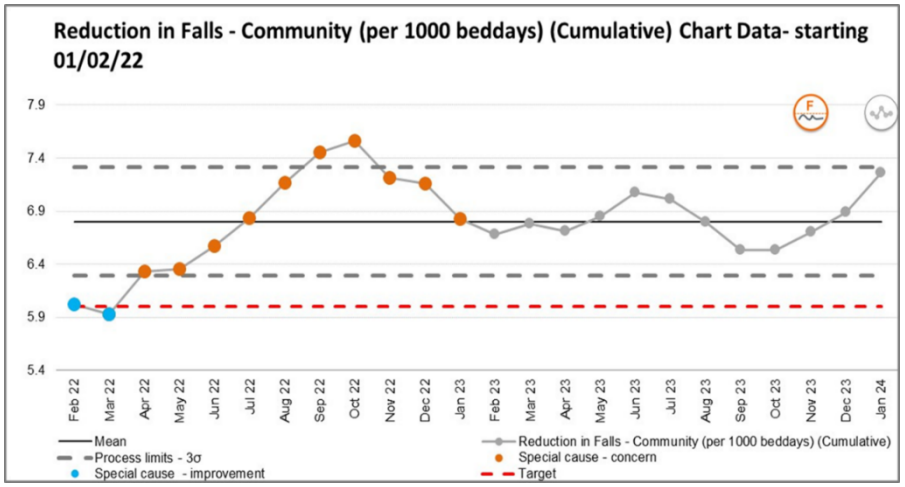
Priority	Rating	Trend	Overall summary note
Improving services for patients with additional needs		↑	Good progress has been made in reinvigorating our network of dementia champions and establishing joint pathways for patients with MH needs with TEWV. Key areas of ongoing work are the roll out of LD & Autism training, and improving our dementia friendly environments at UHND and in community hospitals.
Improving patients' experience of discharge		↑	We continue to focus on learning from S42 referrals and are rolling out NHSE's 'SAFER' flow bundle to support effective discharge planning and prompt discharge.
Maintaining high quality end of life care		↑	The results of the National Care of the Dying Audit 2022 were positive and we continue to roll out our strategy. Challenges remain in enabling access to side rooms at UHND.
Improving nutrition and hydration		↑	We have seen improvements in compliance with MUST assessments and benefits from initiatives to improve hydration. Our focus is now on ensuring assessments take place within 4 hours of admission.
Reducing waiting times for A&E services		↑	Improved performance was seen compared to 2023/24, with improvements in ambulance handover times and less long waits. Quality improvement work continues.
Strengthening specialist paediatric services		↑	We have worked with TEWV to improve pathways of care for young people with MH issues and made staffing improvements in all areas.
Mortality indicators including SHMI		↓	The Trust is an outlier for SHMI but all other evidence relating to mortality is positive. An external review of our learning from deaths process is planned.

Reducing falls and harm from falls

NHS
County Durham and Darlington
NHS Foundation Trust

- Rolling average 12 month falls have reduced year on year in our acute hospitals with reductions sustained
- They have reduced in community hospitals overall, despite additional beds and changes to patient criteria
- Only one fall proceeded to a ‘Level 1’ investigation
- Our dedicated falls team has recorded 204 quality improvement interventions with front-line teams
- Initiatives with impact:
    - Safe Mobility Champions (over 100)
    - Use of EPR to reinforce roundings
    - Zonal nursing
    - Falls Boards – see overleaf
    - Real-time monitoring of completion of falls risk assessments (EPR places information in the hands of ward managers)
    - Visits and support to community hospitals
    - Printed resources
    - Celebrating success





Falls – Example Falls Board

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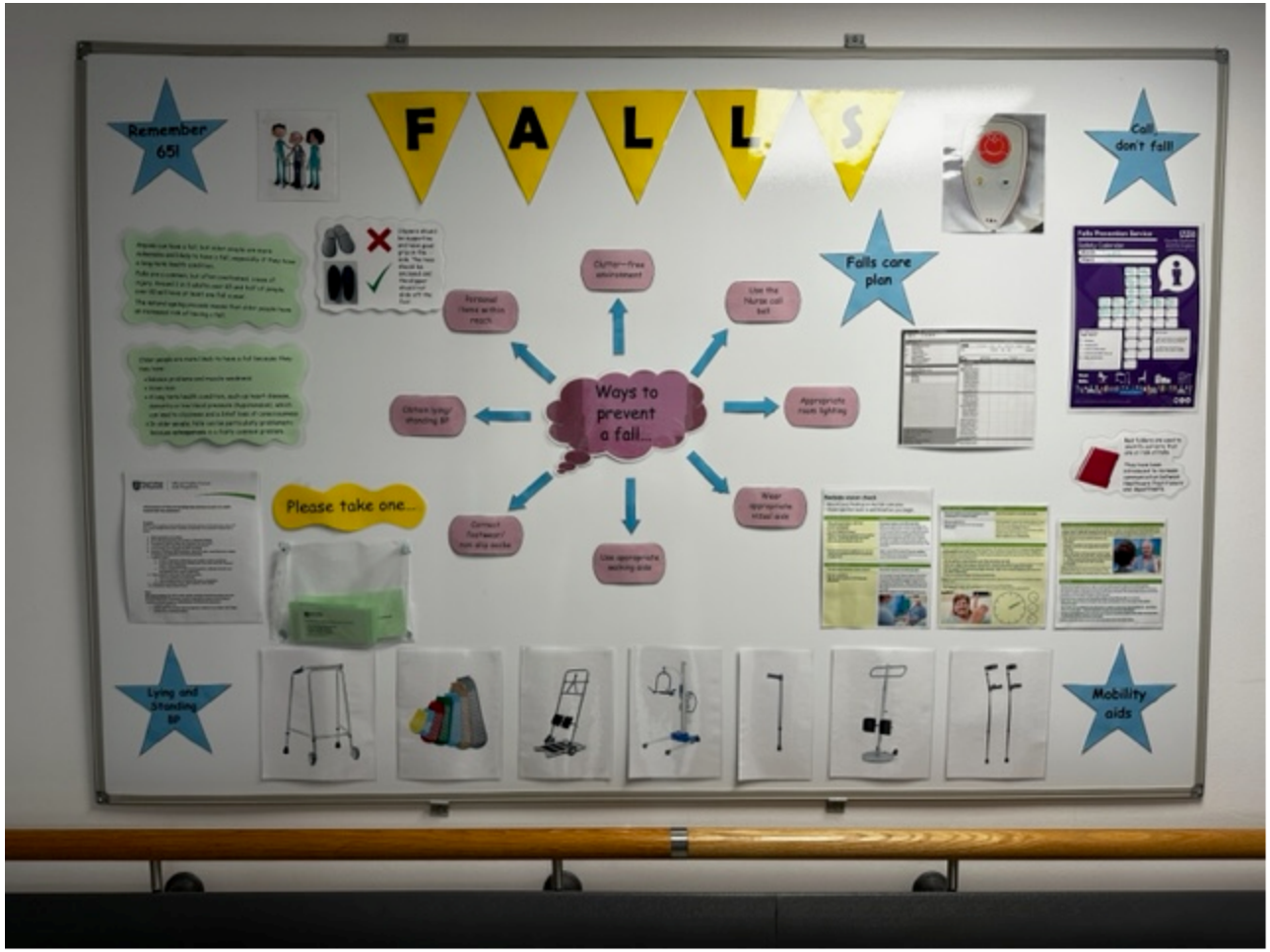
County Durham and Darlington
NHS Foundation Trust



Pressure Ulcers – zero tolerance

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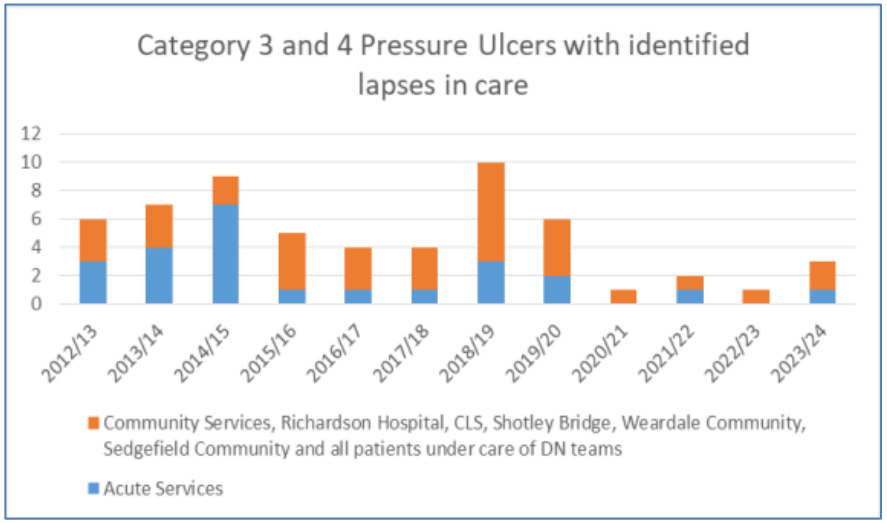
County Durham and Darlington
NHS Foundation Trust

One Grade 4 pressure found to have lapses in care and two Grade 3 ulcers with lapses in care.

The Grade 4 pressure ulcer was complex with the patient suffering multiple comorbidities. The review panel found that there were no lapses in care that would have prevented the wound for developing due to patient preference. However, not all risk assessments were documented.

Lack of documented risk assessments, skin inspection and communication failures were the issues associated with the two Grade 3 ulcers.



Ongoing measures:

- Multi-disciplinary rapid reviews chaired by the Tissue Viability Matron, to ensure early learning is taken from any case
- Focused education by the TV team on pressure ulcer prevention and treatment
- Network of Wound Resource Educational Nurses (WRENS) on acute and community sites.
- Similar HCA level roles introduced
- New pathways and protocols

Reducing harm from Healthcare Acquired Infections

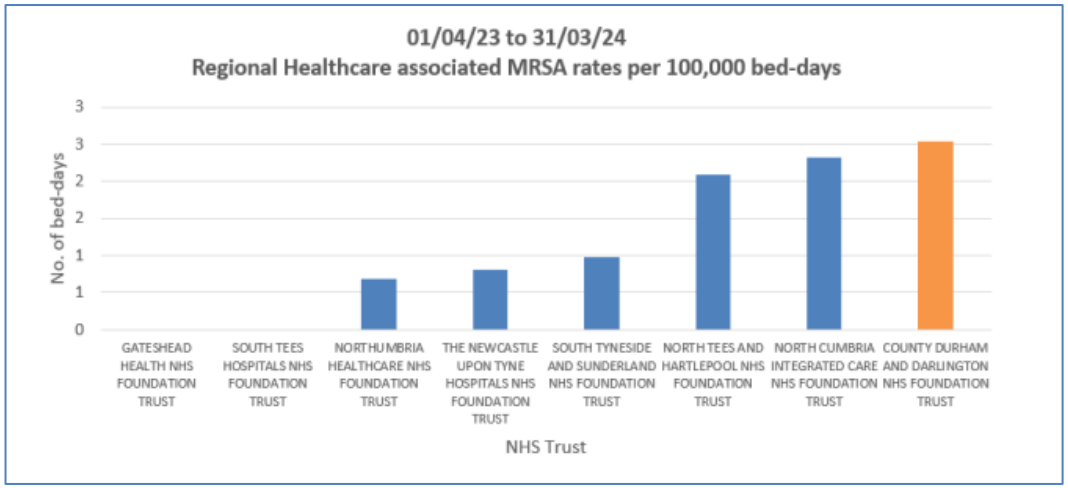
County Durham and Darlington NHS Foundation Trust

Introduction

- National thresholds seek year on year local improvement, so become more challenging where relative performance is good
- Nonetheless our ambition is to continuously improve and, therefore, to meet them
- Our trends have – other than for MRSA – been mirrored regionally and nationally as shown in the charts on subsequent slides
- Patient demand and acuity has increased (as shown on the A&E slides later) which has an impact.
- We are expanding our Infection Control team to provide a seven day service and have reinvigorated the leadership of this area with the Deputy Medical Director chairing bi-monthly HCAI Reduction meetings.
- Compliance with mandatory infection control and hand hygiene training is meeting the Trust's targets.

MRSA

- There were **eight** cases in the year
- Key improvement themes are:
  - Reducing UTIs / CAUTIs
  - Reinvigorating good practice in cannulation
  - MRSA screening and de-colonisation
- The importance of each has been reiterated and re-education provided.

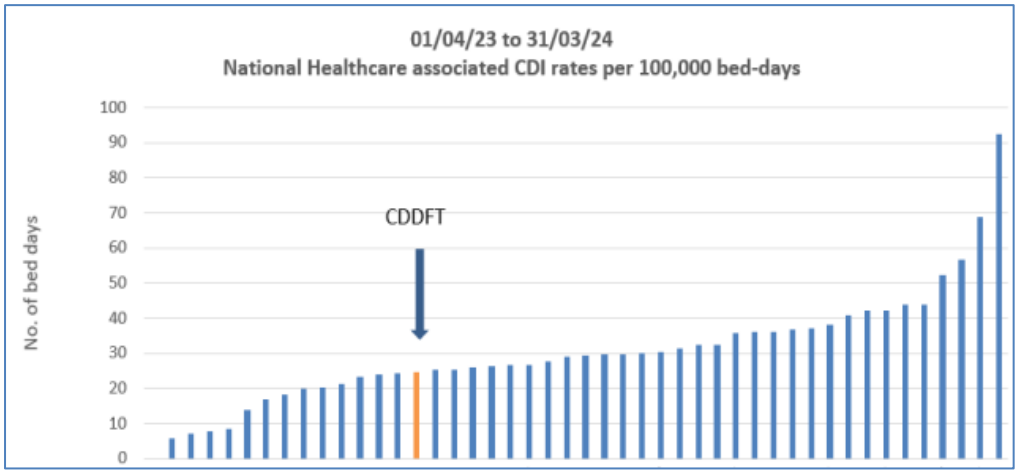


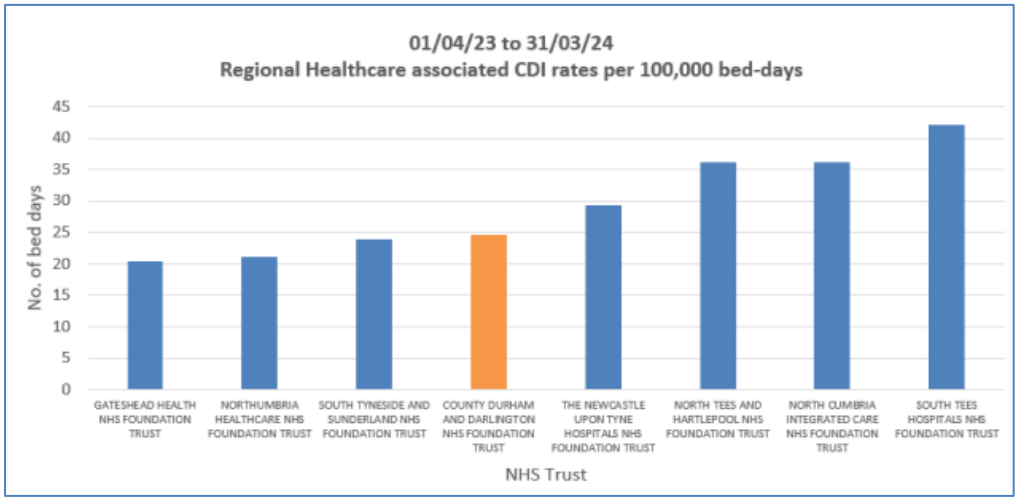
Reducing harm from Healthcare Acquired Infections

County Durham and Darlington NHS Foundation Trust

C-Diff

- Nationally, C-Diff rates have risen since the pandemic compared to before
- The Trust reported 78 cases compared to the threshold set by NHSE of 50 cases
- This was a 28% increase on the prior year
- The Trust's performance can be seen in the regional and national context in the charts.
- However, the Infection Prevention and Control team's case reviews have identified learning themes as follows:
  - "Gloves off" Hand hygiene
  - Commode cleanliness
  - Anti-microbial stewardship / use of antibiotics
  - Stool sampling protocols
- Work has taken place to reiterate the importance of the above and re-education relevant staff groups to be monitored through the bi-monthly HCAI group meetings.

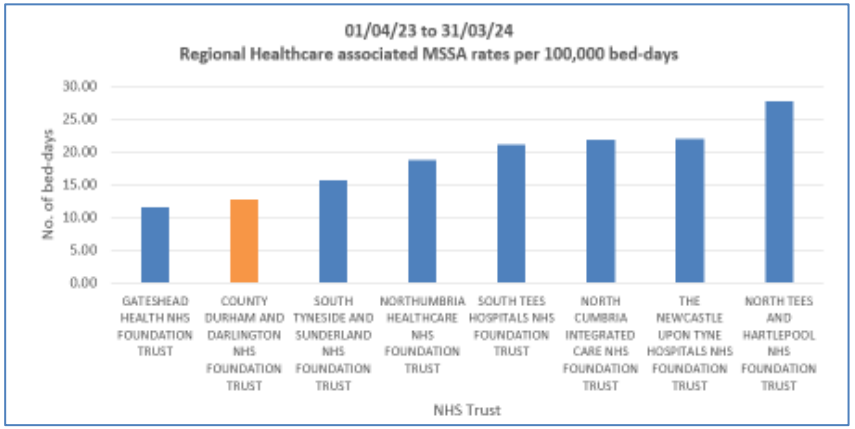


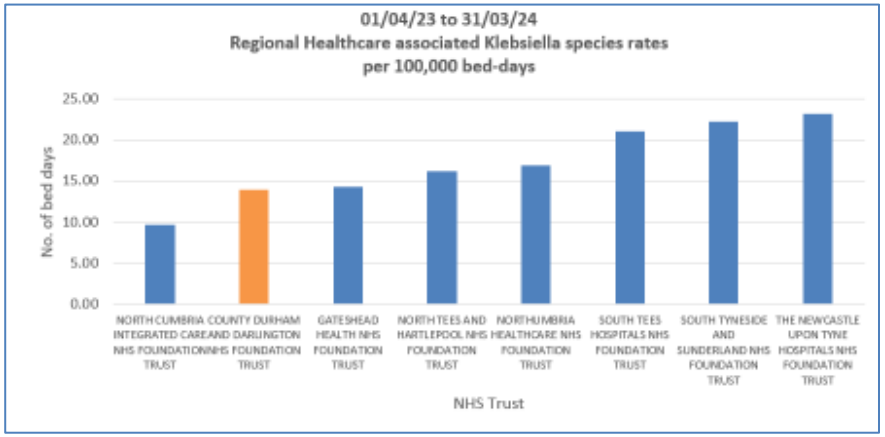


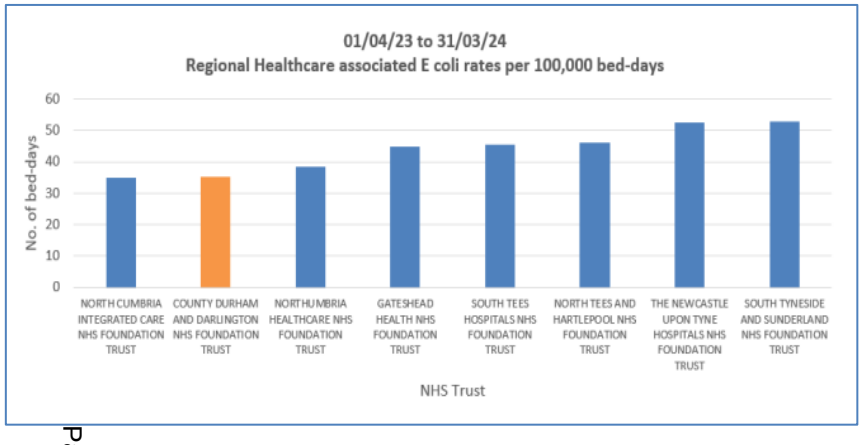
Reducing harm from Healthcare Acquired Infections

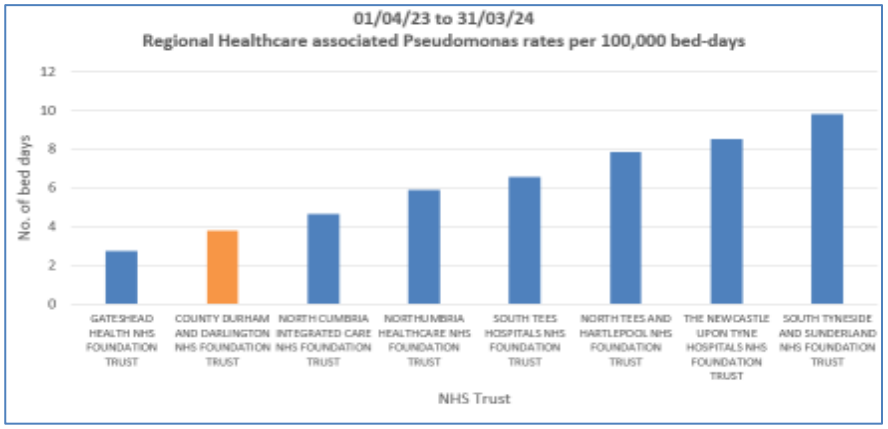
NHS
County Durham and Darlington
NHS Foundation Trust

Whilst the Trust benchmarks well for other infections, it breached thresholds set by NHSE (based on continuous improvement) for Pseudomonas, Klebsiella and E coli









Reducing harm from Healthcare Acquired Infections – Other

County Durham and Darlington NHS Foundation Trust

- We completed the upgrade of the water infrastructure at DMH, which was being undertaken in response to legionella in the water supply. Facilities such as the birthing pool are now open again and no patient or staff member suffered any harm
- We have seen outbreaks of Carbapenamase-Producing Enterobacterales at DMH, as a result of which we have:
  - Taken advice from the UK Health Security Agency and other experts
  - Deep cleaned bays and a whole ward
  - Decontaminated drains
  - Introduced an enhanced screening regime
  - Commenced changes to handwashing facilities
- A two-year refresh of the clinical environments at DMH is taking place with a budget of around £2m.

Improving Maternity Services

NHS
County Durham and Darlington
NHS Foundation Trust

- We have moved to dedicated acute and community sites and are seeking to staff in line with an independent Birth Rate Plus report
- The leadership has been enhanced by the appointment of a Director of Midwifery and a second (seconded) Head of Midwifery
- A full-time, dedicated Governance Matron has been appointed and specialist midwifery posts are being advertised to lead on diabetes and Bereavement support
- Staffing is becoming more resilient with reducing red flag events and coordinators remaining supernumerary for the majority of the time while on shift
- Fill rates are around 70% and increasing, with a recruitment strategy being implemented, some experienced staff returning to the service and others in the pipeline
- The main area of improvement needed re Ockenden is ongoing strengthening of staffing
- We are enhancing our Board Safety Champion arrangements and need to consolidated our model for transitional care in line with our Maternity Incentive Scheme declarations for 2023

	DMH MATERNITY	UHND MATERNITY
Safe	Requires improvement	Requires improvement
Well Led	Requires improvement	Requires improvement

The **overall** rating for both hospitals has improved from requires improvement to good. The trust remains rated good overall.

"Staff had clearly worked hard since our previous inspection to improve the quality of care they were delivering to people, and they know where further improvements are needed so people receive the high standard of care they deserve.

"We will continue to monitor the trust, including through future inspections, to ensure the trust builds on the improvements it has already made, and further changes are made and embedded."
CQC Press Release

Remaining Must Do actions from CQC:

- Consolidate staffing
- Embed the triage model in the PAU
- Further embed Governance improvements
- Consolidated improvements in compliance with mandatory training
- Equipment, environmental and medicines checks

Preventing harm from invasive procedures

We have achieved the following:

- Introduced a CDDFT LocSSIPs Policy and Standard Operating Procedure;
- Updated the CDDFT internet and intranet sites to improve document management and ensure that correct versions are available; and
- Completed a full audit of the use of each LocSSIPs document in place (results from this have been fed back to Clinical Directors, Clinical Leads, Executive and Non-Executive Directors).

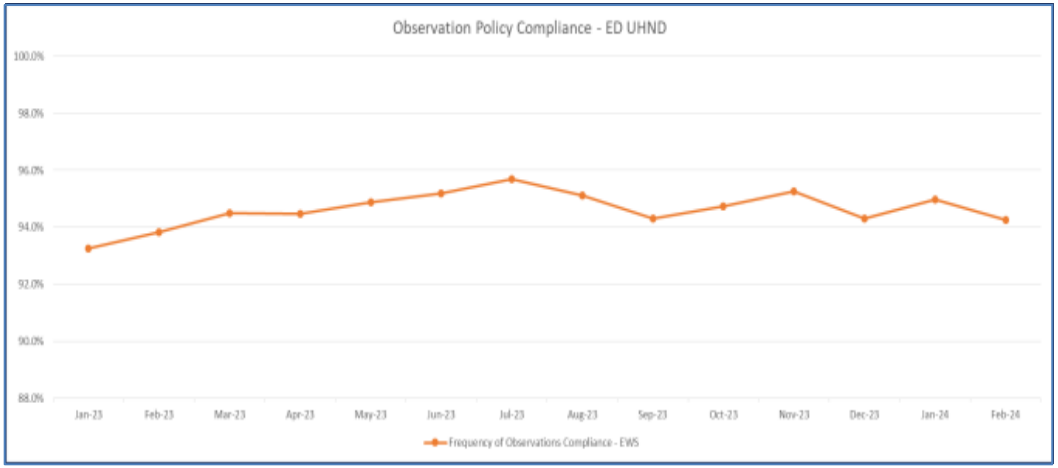
The LocSSIPs Task and Finish group has continued to:

- Support the development of new LocSSIPs;
- Ensure training is delivered;
- Evaluate audit results; and
- Provide service improvement recommendations where required.

In 2024/25 the LocSSIPs Task and Finish group will focus on the further development of and migration LocSSIPs into the EPR system, thereby removing paper copies from the process, enhancing audit functionality and improving compliance.

Recognising and acting on deterioration

- We have optimised our EPR system to support capture of observations and early warning scores, with real-time information available to ward managers and team leaders
- Compliance with taking of observations is routinely around 95% as shown in the chart
- EPR alerts support escalation during the day and underpin our ‘Hospital at Night’ approach
- We are working to embed response to alerts on day shifts as a key safety net to routine escalation between nursing staff, and between nursing and medical staff
- There is a Safety Quality Improvement Programme in place to support learning from relevant incidents
- We have a training programme for nursing staff in the Acute Medical Unit in managing deterioration and associated essential skills
- Take up of Life Support and Patient Deterioration Training has steadily improved over the last year.



Martha’s Rule

Our Call for Concern service allows staff, patients and families access to a rapid second review from the Acute Intervention Team. We have registered interest to participate in the next wave of the national roll out, to formalise our approach to obtaining a structured assessment of each patient’s condition from the patient / their family.

Improving care of Patients with Sepsis

NHS
County Durham and Darlington
NHS Foundation Trust

- Front-line staff input observations using hand-held devices to our EPR system.
- Alerts are triggered to ensure the prompt review of patients at risk of sepsis. Staff cannot close out of the work-flow without undertaking a sepsis screen if the early warning score meets specific criteria
- Compliance with sepsis screening has improved significantly as a result.
- We do not yet have a reliable way of measuring delivery of antibiotics within one hour using the EPR system
- A manual audit of 60 patients found that 83% had received antibiotics within one hour and identified changes that we need to make to the system to design reliable monitoring reports.
- Local teaching sessions within the A&E departments are being used to reinforce policy re taking of blood cultures, along with posters and screensavers
- Four sepsis study days are run for A&E nursing staff annually (using classroom sessions and simulation exercises) and further e-learning is available
- Posters and leaflets are made available to patients and families
- Bi-weekly meetings take place to oversee ongoing quality improvement work

Requirement	Result
Sepsis screen	85%
Antibiotics within one hour	83%
IV treatment	72%
Blood cultures taken	33%

Improving care for patients with additional needs

NHS
County Durham and Darlington
NHS Foundation Trust

Aims	Progress
Dementia	• We have now appointed 85 dementia champions on wards and in front-line teams to provide a link to our Lead Dementia Nurse and promulgate good practice • Over 90% of staff have completed e-learning in Dementia Awareness • Sensory awareness training include in the nursing preceptorship programme and induction for HCAs. • We have implemented improvement actions from the last national audit of dementia • We have undertaken specific awareness campaigns covering “sun-downing” and “brain change” • We scored just below the national average score Trust’s dementia friendly environment in the PLACE 2023 inspections. DMH and BAH scored above the average but there is improvement work needed at UHND and in community hospitals.
Learning Disabilities (LD) and Autism	• We have continued to embed the role of our specialist LD Nurses in supporting wards with the assessment and care of patients with LD and Autism and with outreach and follow-up after hospital admission • We have committed to reviewing all deaths for those with learning disabilities as part of its mortality review programme and participated in panels for both Teesside and Co Durham • We have seen significant improvements in completion of DNACPR forms for LD patients in 2023/24 and continue to monitor completion closely • Executive Directors have supported the service in making the ‘DIAMONDS’ training in LD and Autism mandatory for all staff.
Patients with mental health needs as well as physical ill-health	• We have worked with TEWV to review our admission pathways for Children and Young People with mental health needs. There is now earlier intervention by TEWV and joint care plans are put in place. • We have appointed registered nurses as Mental Health Champions on our Paediatric Wards, and in the Paediatric Assessment Area and Paediatric A&E at DMH. • We have reviewed ligature risk assessments on our Paediatric Wards. • We are working closely with TEWV to embed the same principles in how we work with adult inpatients with mental health needs.

Improving Discharge

- All Section 42 safeguarding concerns are taken serious and there is work undertaken between the Safeguarding teams and Discharge Facilitators / Coordinators to embed any learning arising
- We are reinvigorating “SAFER” which promotes ongoing senior review of patients on wards and proactive discharge planning to minimise discharge delays and ensure all necessary planning and support is in place.
- We have formal mechanisms in place to take feedback from care homes on any sub-optimal discharges and use this feedback to learn and improve
- We have put in place additional capacity for discharge transport helping to minimise any delays
- Every care group has a designated lead to ensure that discharge letters are sent to primary care colleagues on time.
- We continue to work on facilitating discharge earlier in the day for patients

SAFER – copyright: NHSE Emergency Care Improvement Programme

The SAFER patient flow bundle

S - **Senior** Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A - **All** patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F - **Flow of patients** will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E - **Early discharge. 33%** of patients will be discharged from base inpatient wards before midday.

R - **Review**. A systematic MDT review of patients with extended lengths of stay (> 7 days - ‘stranded patients’) with a clear ‘home first’ mind set.

Improving End of Life / Palliative Care

NHS
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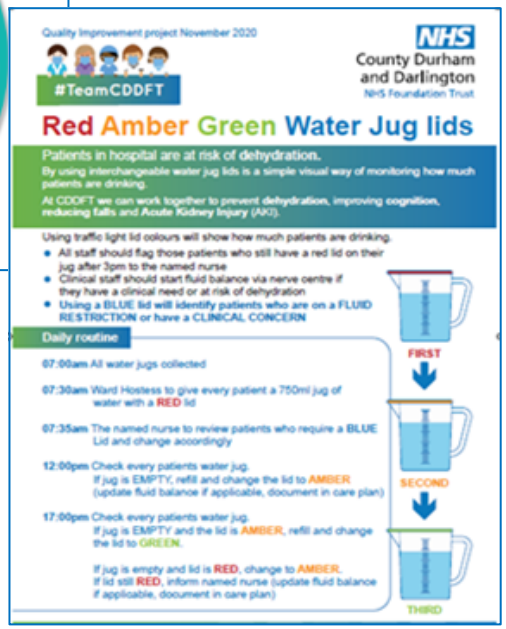
NHS Foundation Trust

Aims	Progress
Development of an end of life care strategy	The Trust's End of Life Care was rated as 'Outstanding' in the most recent CQC report and the results of National Audit of Care at End of Life (NACEL) 2022/23 and quality survey data demonstrated continuing good practice in end of life care within the Trust. We continue to work on and roll out our end of life care strategy with our partners in primary care, social care and the voluntary sector.
Access to side rooms	Access to single rooms for patients who are dying is relatively good at DMH (88%) but remains more of a challenge at Durham. In some months, more than 50% of patients have died in four bedded bays because of fewer side rooms being available within the estate. There will be incremental increases in the number of side rooms in the Trust's estate as capital projects are completed year on year. The Patient Flow teams on the Acute sites do all they can to provide access to privacy for dying patients. Where possible and appropriate, we make use of community hospitals and education is provided to staff on ways to maintain privacy and dignity for end of life care patients within the wider hospital footprint when necessary.

Improving Nutrition and Hydration

NHS
County Durham and Darlington
NHS Foundation Trust

- We have reinvigorated our Nutrition Steering Group
- Dietetics continue to support wards in implementing and undertaking MUST assessments
- As of January 2024, some **89%** of patients had received a MUST assessment and **76%** of those had been assessed within four hours of admission as per policy
- Ward managers and team leaders are now able to monitor completion of assessments in real-time leading to month on month improvements
- Our Acute Kidney Injury Nurses continue to support wards and teams and the service has evaluated well with respect to staff feedback, the patient experience and improved outcomes
- We continue to promote fluid balance and hydration through our use of ‘Traffic Light” jugs and our ‘Drip or Drink’ campaign



Mortality / Learning from Deaths

NHS
County Durham and Darlington
NHS Foundation Trust

Measure / source of assurance	RAG
Summary Hospital Mortality Indicator (SHMI)	
Hospital Standardised Mortality Ratio (HSMR)	
Copeland's Risk Adjusted Barometer (CRAB)	
Completed mortality reviews – 683 for 2022/23	

HSMR measures, effectively in-hospital deaths

SHMI also includes deaths out of hospital within 30 days.

* There is a six month time lag in data being made available to support reviews hence reviews for deaths in 2023/24 are still being completed.

Comments

- SHMI is a national outlier and the Trust has commissioned external advice and assessments to enable it to determine whether there is any underlying issue with the quality of care. These reviews have identified that depth and completeness of coding is the most likely cause, partly linked to temporary staffing issues in Clinical Coding.
- All other sources of assurance are positive:
  - HSMR is within statistical limits
  - The Trust does more learning from deaths reviews than most others in the region and does not find widespread issues with the quality of care (less than 1% of reviews in 2022/23 found care to be poor)*
  - CRAB data shows surgical mortality to be well within expectations and a long-term improvement in medical care.
  - There have been no significant issues flagged by the Medical Examiner Service.
- A further external review of our learning from deaths process has been commissioned.

Development of Specialist Paediatric Services

NHS
County Durham and Darlington
NHS Foundation Trust

Aims	Progress
Children and Young People with Mental Health Needs	• We have worked with TEWV to review our admission pathways for Children and Young People with mental health needs. There is now earlier intervention by TEWV and joint care plans are put in place. • We have appointed registered nurses as Mental Health Champions on our Paediatric Wards, and in the Paediatric Assessment Area and Paediatric A&E at DMH. • We have reviewed ligature risk assessments on our Paediatric Wards. • We are working closely with TEWV to embed the same principles in how we work with adult inpatients with mental health needs.
Other Developments	• We have assessed and confirmed our compliance with British Association of Perinatal Medicine Standards, re: staffing in our Neonatal Units. • We are updating our model of transitional care for new-born babies in line with the latest best practice. • We have consolidated our community paediatric teams into larger teams and strengthened their leadership. • Ward based staffing has been strengthened following an expansion in staffing agreed in 2022/23 and recruitment in 2023/24. • We have sustained our 24/7 Front of House Paediatric Assessment area at UHND and have fully recruited specialist nursing staff to our Paediatric A&E Department at DMH.

Reducing A&E waiting times

NHS
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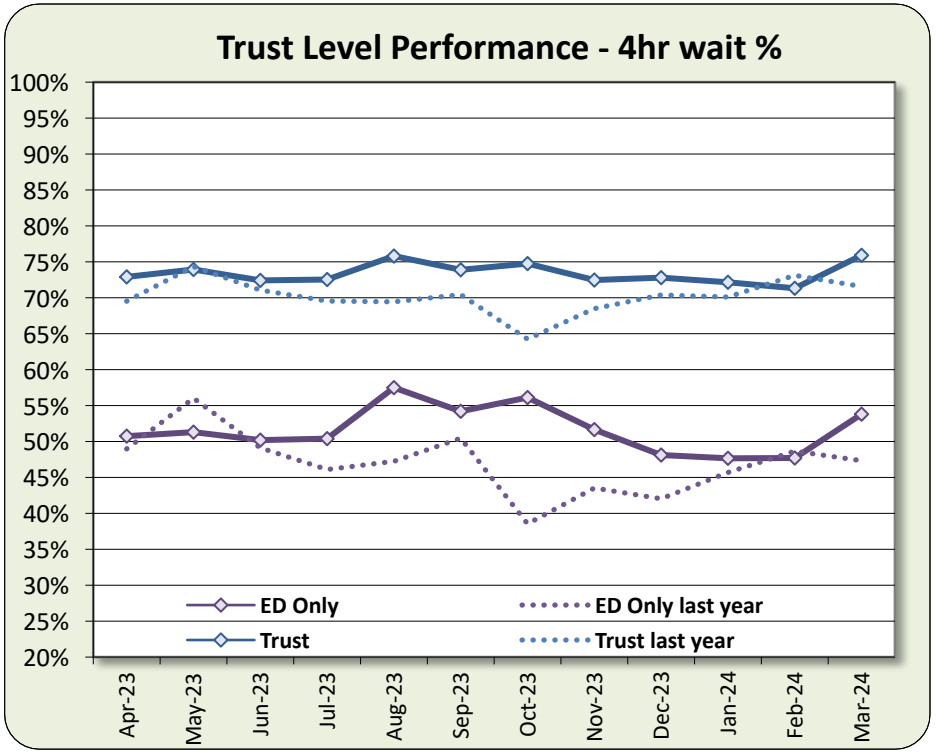
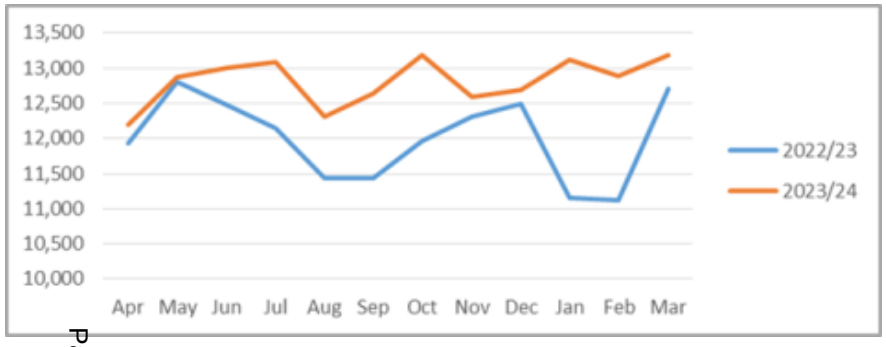
NHS Foundation Trust

- A&E four hour waiting times performance has exceeded 2022/23 performance for the majority of 2023/24 (the adjacent chart shows this for overall activity and Type 1 attendances).
- The national target of 76% (by 31st March) was achieved.
- This is despite a significant increase in activity as shown in the chart below.
- Other than in the most pressured winter months (which saw, in January an increase of almost 30% in ambulance arrivals to UHND), ambulance handover times also improved on 2022/23 and there were further improvements in reduced 12 hour waits in the department, and for admission.





A&E developments and other access targets

County Durham and Darlington NHS Foundation Trust

Urgent and emergency care:

- Co-located front of house same day emergency care at UHND
- Same Day Urgent Care on site at UHND
- New streaming pathways to enable patients to be seen and cared for in other facilities where appropriate
- Urgent Community Response teams developed as an alternative to A&E for suitable patients
- Ongoing improvement programmes covering end to end patient flow and discharge
- Significant improvements in performance on waiting times for Type 1 attendances over the second half of the year, other than during winter pressure peaks

Other access targets:

- The Trust met the national target to have no patients waiting over 65 weeks by 31st March.
- There were 476 patients waiting over 52 weeks at 31st March 2024 compared to 1,544 in March 2023.
- Performance on cancer services standards was ahead of national targets and the Trust had fewer patients than planned waiting over 62 days (109 versus a forecast of 127)

Indicator	Standard	Dec-23	Jan-24	Feb-24	National Feb-24
62 Day Treatment	**85.0%**	77.8%	77.0%	74.9%	63.9%
31 Day Treatment	**96.0%**	90.4%	89.8%	96.9%	91.1%
28 Days Faster Diagnosis	**75.0%**	90.1%	85.7%	90.0%	78.1%

- Diagnostics performance (six week waits) was 90% in March 2023, below the 95% national target but benchmarking well regionally and nationally, with mutual aid being offered in some areas to other trusts

Priorities for 2024/25

It is proposed to carry forward all priorities which are not RAG-rated green in the summary at the start of this presentation.

The Trust is considering adding a new priority with respect to effective engagement with patients to learn from their experience.

The Committee is asked for its views on the above proposal and to suggest any further priorities based on its overview of the Trust's services.

Any questions?

Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2023/24

Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data

Trust Quality Account 2023/24

Tees, Esk and Wear Valleys NHS Foundation Trust

Achievement of the 23/24 Quality Priorities:

Priority 1 – improving care planning

- Patient care plans are now recorded on our new electronic patient record system (Cito) which went live February 2024.
- DIALOG and DIALOG+ is live within Cito and will help patients identify their needs and goals.
- DIALOG+ training has taken place for staff and more training is planned.
- The Trust is moving from CPA towards a new universal standard of personalised care.
- Personalising Care Policy has been co-produced with people who have lived experience to ensure that the service user voice is at the heart of what we do.

Trust Quality Account 2023/24

Tees, Esk and Wear Valleys NHS Foundation Trust

Achievement of the 23/24 Quality Priorities:

Priority 2 – Feeling Safe

- Performance Improvement Plan (PIP) for feeling safe was developed by services using feedback from service users and carers to identify the areas for improvement.
- We have continued to progress our body worn camera pilot work and evaluated its impact.
- We have continued to implement the Safewards initiative. We have observed reductions in the use of restrictive interventions, although there is still more to do to reduce violent incidents towards staff.
- We have introduced Peer Support Workers on wards as well as Activity Co-ordinators.
- We have co-created information leaflets for people newly admitted to include suggestions for what could help them feel safe.
- We have used feedback from our Involvement Networks to rephrase our feeling safe questions on our patient surveys.

Trust Quality Account 2023/24

Tees, Esk and Wear Valleys NHS Foundation Trust

Achievement of the 23/24 Quality Priorities:

Indicator	Target	Actual 2021/22	Actual 2022/23	Actual 2023/24
Percentage of inpatients who report feeling safe on our wards	75%	64.37%	56%	**78.63%**
Percentage of inpatients who report that they were supported by staff to feel safe	66%	68.04	85%	**85%**

Trust Quality Account 2023/24

Tees, Esk and Wear Valleys NHS Foundation Trust

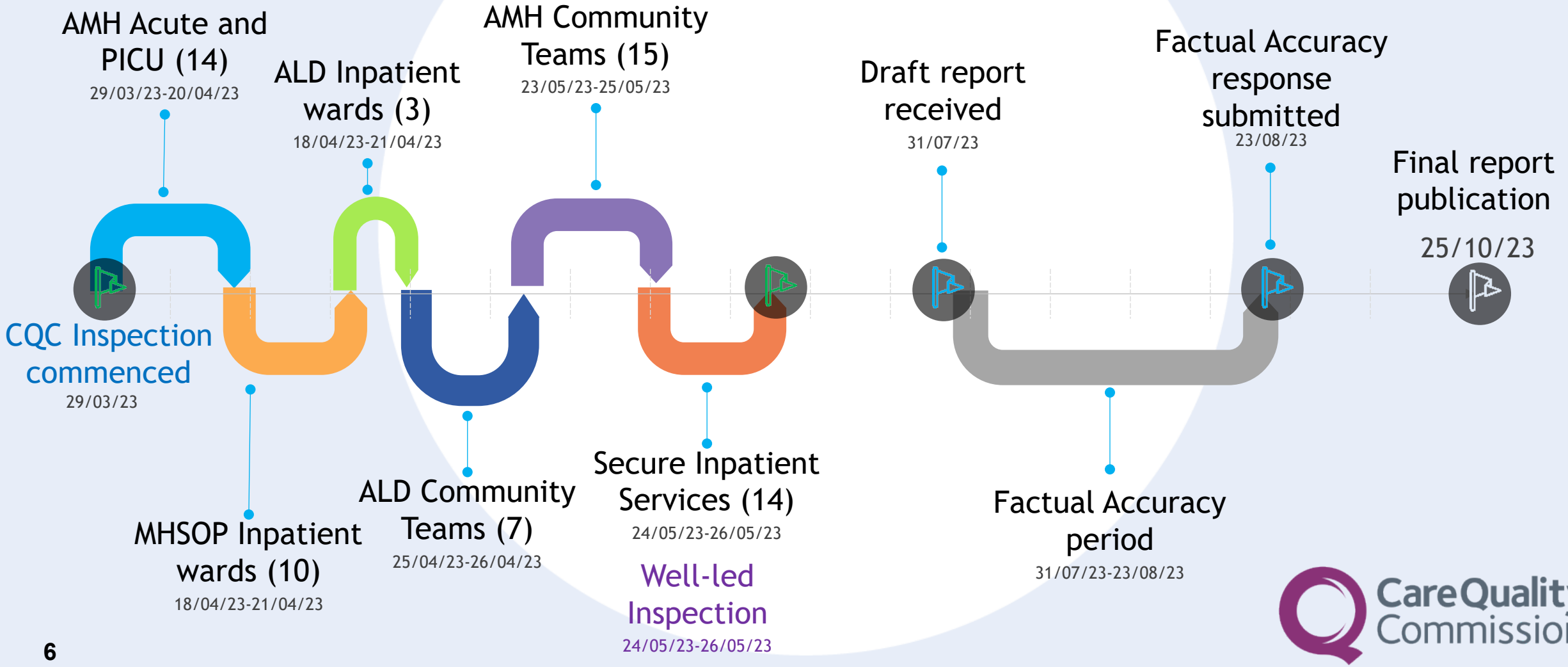
Achievement of the 23/24 Quality Priorities:

Priority 3 – Embed the new Patient Safety Incident Response Framework (PSIRF)

- We went live with our new incident reporting system (InPhase) 30th October 2023 in line with the new national Learning From Patient Safety Events (LFPSE) standards.
- PSIRF was implemented on 29th January 2024 in line with the key quality priorities within the Quality Journey and Quality Strategy.
- We have made Patient Safety Training mandatory for all staff and the Trust has **95%** compliance with Level 1 and **79%** with Level 2 for staff.
- The daily patient safety huddle is now embedded as routine practice and is operating effectively. The daily huddle reviews all incidents of moderate and above severity to ensure that a proportionate response is identified. This supports multi-disciplinary engagement, service user, family engagement and early learning.
- Standard action plan is now embedded applied to both Serious Incidents, Patient Safety Incident Investigations, and Early Learning processes (now referred to as After Action Reviews).
- A patient safety summit was held March 2024 to share learning and focused on the impact of inequalities on patient safety. This was attended by service users, carers, partners, Trust staff and other stakeholders.

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust



CareQuality Commission

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ➔➔ Oct 2023	Good ➔➔ Oct 2023	Good ➔➔ Oct 2023	Requires Improvement ➔➔ Oct 2023	Requires Improvement ➔➔ Oct 2023	Requires Improvement ➔➔ Oct 2023

The overall Trust rating remains as: **Requires Improvement**

CareQuality Commission

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement → ← Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023
Wards for older people with mental health problems	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Of the 6 Core Services inspected:

- **3** Overall Core Service ratings have improved (MHSOP, ALD Inpatient, and Secure Inpatient Services)
- **3** Overall Core Service ratings have remained the same (AMH Acute and PICU, AMH Community and ALD Community)
- There have been **12** CQC domains across the core services inspected that have improved, **15** which have remained the same, **3** where the rating has decreased.

CareQuality Commission

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust

Positives

- ✓ Cultural changes
- ✓ Innovative practice
- ✓ Person-centred care
- ✓ Multi-disciplinary working
- ✓ Environmental changes
- ✓ Medication Management
- ✓ Risk Management
- ✓ Governance
- ✓ Clear Vision and Strategic Direction

Areas for Improvement

- Staffing
- Mandatory/Statutory Training
- Complaints/PALs
- Supervision
- Waiting times
- Physical health monitoring
- Serious Incident processes (including Duty of Candour)

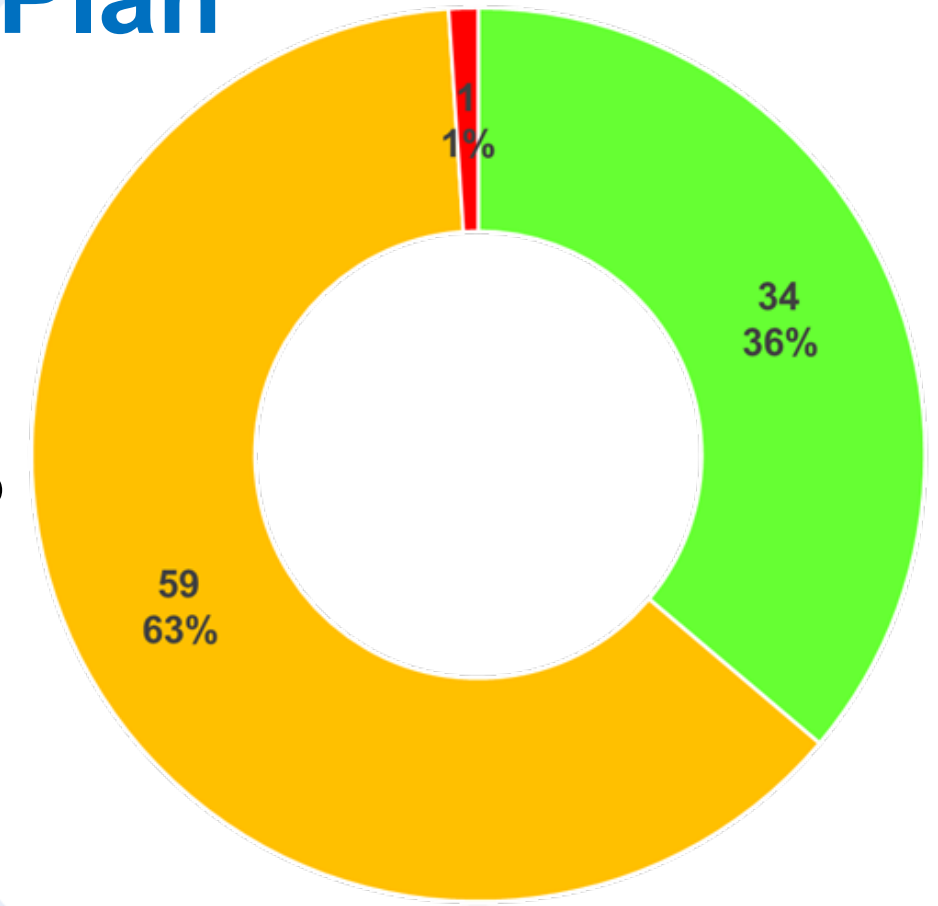
Trust timeline for Quality Account 2023/24

The timeline for delivery of the Quality Account is detailed below:

- Stakeholder Consultation (30.04.24 – 29.05.24: 30 days)
- Quality Assurance Committee (06.06.24)
- Audit & Risk Committee (17.06.24)
- Approval by Board of Directors (25.06.24)
- Publication on the Trust website (30.06.24)

Delivering the Trust's CQC Improvement Plan

Following the Core Service and Well-led CQC inspection (published 25 October 2023), the CQC Improvement Plan was co-created in collaboration with Care Group colleagues, Specialty/ Directorate Leads and subject matter experts in response to the Must and Should Do recommendations. This forms a component of the Integrated Oversight Plan.



Key:
- Complete
- In Progress (within target date)
- In Progress (behind target date)

Progress of the CQC Improvement Plan as of **11 April 2024** (by CQC Recommendation):

- **34** recommendations complete
- **59** recommendations in progress
- **1** recommendation in progress behind target date

Actions taken in response to our CQC Improvement Plan

Tees, Esk and Wear Valleys NHS Foundation Trust

Complete

✓ We have a revised schedule / work plan for the Quality Assurance Committee which incorporates learning from audits, incidents, CQC visits and complaints. ✓ Learning from Executive visits is reported into the Management Group and informs quarterly learning events (alongside the review of SI, incidents and CQC visit themes).
✓ A recovery plan was developed and implemented to address the backlog in the SI review process. The progress of the plan was closely monitored by the Quality Assurance Committee up to the Board of Directors. The backlog is in the final stages of reporting. ✓ Completed a review of the complaints and PALS processes (January 2024).
✓ A Procedure setting Standards for responding to requirements and recommendations from external and internal reviews was implemented and all external and internal reviews that result in recommendations have an associated improvement plan.
✓ Incident reporting is now on InPhase. ✓ We have reviewed the approach to reducing restrictive practice and the use of restrictive practices is reported by Specialties and Care Groups into the Executive Review of Quality and QuAC. ✓ We have reviewed the approach to reducing restrictive practice. ✓ The use of restrictive practices is reported by Specialties and Care Groups into the Executive Review of Quality and Quality Assurance Committee and this has improved oversight. ✓ We have developed a forward plan for the Mental Health Legislation Committee to identify regular reporting requirements from the Positive and Safe Group, including data on the use of restraint and Use of Force Act compliance. ✓ There is a focus on reducing prone restraint incidents. ✓ Use of prone restraint is reviewed by each Care Group Positive and Safe Group and the Trust-wide Positive and Safe Group. Performance against the standards is reported up through Care Groups and the Trust-wide Positive and Safe Group to QuAC and the MH Legislation Committee.

Improvement Action delivery
(since previous presentation received)

Complete

Tees, Esk and Wear Valleys NHS Foundation Trust

✓ We have agreed a plan for the use of Speak Up Guardian data and intelligence, and how it is shared and triangulated with other information / data to lessen the risk of closed cultures.
✓ We have agreed a proposal for the People, Culture and Diversity Committee regarding how we manage and report Freedom to Speak Up outcomes (without breaking individual confidentiality).
✓ Learning from Executive visits is reported into the Management Group and informs the quarterly Multi-Disciplinary Team learning events (alongside the review of SI, incidents and CQC visit themes).
✓ We have developed a workforce plan for pharmacy professionals and non-registered Pharmacy staff.
✓ The Care Groups have developed a plan for site visits across 7 days a week and the 24-hour period.
✓ The Trust implemented Cito in Quarter 4 2023/24 to facilitate improved ease of access to information for staff and patients.
✓ We have reviewed site maintenance (including the cleaning schedules) and regular meetings take place between the service and the Estates and Facilities Management Team to ensure that the estate is well maintained.
✓ We continue to work in collaboration with the HOPE(S) model for all patients in long term segregation and seclusion. All people have a plan that has a long-term goal of leaving long term segregation. This has been very successful in helping patients move out of long-term segregation.
✓ We have reviewed the ALD inpatient estates and where required, taken actions to ensure that people's living spaces are conducive to recovery and feel welcoming. We work with service users and their loved ones to understand individual preferences.
✓ Contact details of non-executive directors and their biographies have been shared again with all governors, and non-executive directors make themselves available to governors wherever possible through normal Trust business, including Council of Governors meetings. ✓ All Governors were informed of what support is available and from whom within the trust.
✓ We have reviewed all wards within the ALD service to ensure that rooms and facilities are accessible for patients with mobility needs, including access to emergency call alarms ✓ We have developed a system in collaboration with Occupational Therapy to ensure that when patients need are assessed and a change of environment is required, that a monitoring and escalation process is in place.

Developing the Trust's Quality Priorities 2024/25

Tees, Esk and Wear Valleys NHS Foundation Trust

As part of the Trust's ongoing commitment to co-creation, it was proposed and agreed that from 2024/25, development of the Quality Account Quality Priorities would be **led by people with lived experience**. This approach enables the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.

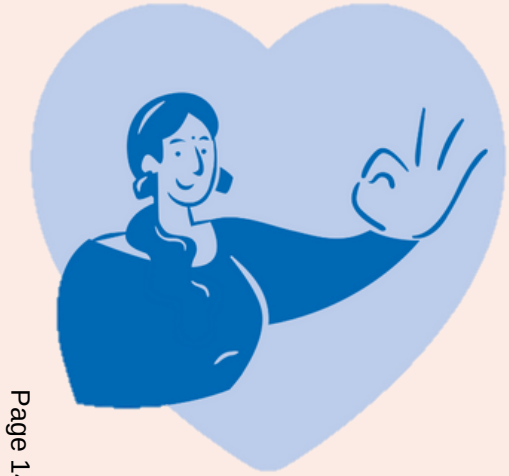
To support the development of the Quality Priorities, **a service user and carer Focus Group** was held. Members of the Group were recruited through the **Involvement Team** and included those with personal lived experience and also those currently working with Involvement Networks and other community organisations.

The Focus Group (held 21 March 2024) was facilitated by the Care Group Director of Lived Experience for DTV&F and the Associate Director of Quality Governance and Compliance. **Key quality issues from national and local sources** (including learning from Co-Creation Boards, Lived Experience Directors, Involvement Networks, serious incidents and other governance intelligence) were shared with the Group.

Developing the Trust's Quality Priorities 2024/25

Tees, Esk and Wear Valleys NHS Foundation Trust

The outline quality priorities for 2024/25 agreed by the Group were endorsed by the Quality Assurance Committee 04 April 2024:



Patient Experience: Promoting education using lived experience

- This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories will establish a cycle of learning, which will be shared with key Partners.

Patient Safety: Relapse Prevention

- This priority is focused on timely and proactive access to support for patients who experience relapse in order to minimise harm, particularly through the effective use of well-being plans

Clinical Effectiveness: Improving Personalisation in Urgent Care

- This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.

Developing the Trust's Quality Priorities 2024/25

Co-Creation Boards are continuing to develop the Quality Priorities and the associated milestones/ measures.

Thank You

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