Middlesbrough
moving forward

Legal and Governance

HEALTH SCRUTINY PANEL

Date: **Tuesday 11th October, 2022**
Time: **4.00 pm**
Venue: **Mandela Committee Room**

AGENDA

1. Apologies for Absence

2. Declarations of Interest

   To receive any declarations of interest.

3. Minutes - Health Scrutiny Panel - 19 July 2022 — 3 - 6

4. Integrated and Urgent Care in Middlesbrough and Redcar & Cleveland — 7 - 30

   The Director at North East & North Cumbria Integrated Care Board (NENC ICB) will be in attendance to update Members on the current consultation exercise and high level feedback received to date.

5. Regional Health Scrutiny Update — 31 - 62

   The panel is requested to consider an update on the work recently undertaken by the following regional Joint Health Scrutiny Committee:-

   Tees Valley Joint Health Scrutiny Committee – 23 September 2022

6. Dental Health and the impact of COVID-19 - Setting the Scene — 63 - 136

7. Opioid Dependency Review - Update 137 - 156

Following the scrutiny panel's 2021 review of Opioid Dependency – What happens next? it had been agreed that regular updates would be provided. Officers will be in attendance to present an update to the panel.

8. Chair's OSB Update

The Chair will present a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting held on 21 September 2022.

9. Any other urgent items which in the opinion of the Chair, may be considered.

10. Date & Time of Next Meeting - Tuesday, 15 November 2022 at 4pm.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Monday 3 October 2022

MEMBERSHIP

Councillors D Jones (Chair), C McIntyre (Vice-Chair), A Bell, D Davison, A Hellaoui, T Mawston, D Rooney, P Storey and M Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, 01642 729752, caroline_breheny@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 19 July 2022.

PRESENT: Councillors D Jones (Chair), C McIntyre (Vice-Chair), A Bell, T Mawston and M Storey

ALSO IN ATTENDANCE: C Blair (Director Of Commissioning Strategy and Delivery - North East and North Cumbria Integrated Care Board - NENC ICB),
M Graham (Director of Communication - South Tees Hospitals NHS Foundation Trust - ST NHS FT),
I Bennett (Deputy Director of Quality & Safety - ST NHS FT),
H Lloyd (Chief Nurse - ST NHS FT) and
M Lal (Associate Medical Director) (ST NHS FT)

OFFICERS: C Breheny and M Adams

APOLOGIES FOR ABSENCE: Councillors D Davison, A Hellaoui, D Rooney and P Storey

21/2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/3 **MINUTES - HEALTH SCRUTINY PANEL - 21 JUNE 2022**

The minutes of the Health Scrutiny Panel meeting held on 21 June were submitted and approved as a correct record.

21/4 **SOUTH TEES HOSPITALS QUALITY ACCOUNTS 2021-2022**

A number of representatives from South Tees Hospitals NHS Foundation Trust were in attendance to provide the panel with an overview of the Trust's Quality Accounts document for 2021/2022.

A presentation was given and Members were advised it was hard to overstate the impact Covid-19 had had on acute hospital services. At its peak 1 in 15 staff members were out of action because of Covid and since the start of the pandemic South Tees Hospitals NHS Foundation Trust had cared for over 7000 Covid-19 patients. This in turn had resulted in a real emphasis being placed on clinical recovery for all of the planned work that had not been taking place at the height of the pandemic.

In respect of the level of investment in the digital strategy it was advised that over £8million had been invested resulting in the removal of over 5 million paper records, which would hopefully enable staff to spend additional time with patients.

Reference was made to the work undertaken by the Trust to strengthen its approach to nutrition and hydration and it was advised that snacks and drinks were now available to patients 24 hours a day. In terms of the transfer of care hub, which had been creased with local authorities the Trust was really proud of the work undertaken with Redcar & Cleveland Borough Council, North Yorkshire County Council and Middlesbrough Borough Council.

In respect of the Trust's current position it was advised that it had recently seen an increase in the number of Covid-19 cases. The main impact had been on people over the age of 75, who had weakened immune systems. It was therefore imperative that the booster programme was widely available, as any increased in community infection rates led to increase in the number of hospital admissions.

Coming out of the height of the Covid-19 pandemic the Trust had revisited visitor arrangements and from 12 July 2022 visiting times had returned to normal – 2pm to 4.30pm and 6pm-8pm on a daily basis. Precautions were, however, still in place and visitors were still wearing masks in high risk areas.

It was emphasised that the staff remain the Trust's biggest asset and from very early on in the pandemic experienced clinicians took charge. The hospital sites were divided into Covid and non-Covid pathways and the Trust had some of the lowest Covid hospital infection rates in the country. Over the last year 130,000 inpatients had been cared for, 62,000 had been undertaken – with 43,000 of those having been planned operations, which was just as important as urgent care. In the last 2 years 10,000 babies had been delivered and the Community Teams had delivered 2.3million home visits. The Doctors, Nurses and Midwife Teams were fantastic, as were the Estates Teams in ensuring all of the facilities were well managed.

The point was made that it was fantastic that the Trust had been named as one of the top two most improved Trusts in the country for the second year in a row, in the NHS Staff Survey, Staff had commented that they had every confidence in recommending our hospitals and it was hoped that the Trust could build on this momentum.

The Trust had invested significantly in a patient safety culture and the reporting of incidents had increased. However, despite the increased reporting the number of serious incidents had decreased. A very positive message about patient safety was being driven Trust wide.

With regard to the quality priorities it was noted that these focused on three domains, namely – Safety, Clinical Effectiveness and Patient Experience. In terms of safety the Trust was on an improvement journey in relation to all aspects of quality and there was a real focus on further reducing pressure damage and Clostridium Difficile infection rates, as well as delivering evidence based care through audit. In relation to patient experience it was advised that the area of focus for 2022/23 would be a patient's experience of discharge.

Finally reference was made to the Cancer Institute's patient experience survey undertaken in 2021 for James Cook hospital, the results of which had only recently been published. It was highlighted that the scores achieved by the Trust had been fantastic and there had been five areas (as highlighted in the presentation) in which the Trust had scored particularly highly. It was noted that everyone was really pleased with the results, as patient feedback was extremely important.

Members of the panel were afforded the opportunity to ask questions about the Quality Accounts 2021/22 document and the presentation. The following points were raised:-

A Member of the panel congratulated the Trust on keeping standards up over the last three years and ensuring many elected surgery appointments had been kept. However, the Accident and Emergency department had recently seen seven and a half hour waits, with patients in corridors and the department becoming a bottleneck. It was queried what action was being taken to resolve this problem. It was acknowledged that there were significant pressures in the Accident and Emergency department including delays with ambulance handovers. This issue was high on the Trust's radar and an enormous amount of work was being undertaken. Efforts were being made to streamline processes through agreements between the Accident and Emergency department and other key clinical partners. In addition some fantastic work was being undertaken through the transfer of care hub to ensure beds were available to help get people out of hospital as quickly as possible. Reference was also made to the role of Urgent Treatment Centres in freeing up time and capacity. The whole system was working together to improve care pathways.

In relation to the work undertaken by staff at the Trust in relation to Covid-19 a Member of the panel advised that Middlesbrough's population could not thank staff enough for the work undertaken.

Reference was made to the current situation with regards to symptomatic breast screening and whether this service had continued to be delivered throughout Covid-19 from North Tees Hospital. In response it was advised that although this had been the case patients referred to North Tees were receiving good outcomes and the service delivered a 'one stop shop' in terms of diagnosis. Work would be continued to ensure that all Middlesbrough patients were able to access the service.

AGREED that the South Tees Hospitals NHS Foundation Trust 2020/2021 Quality Account document be noted by the panel.

21/5 **NHS HEALTH AND PUBLIC HEALTH - UPDATE**

The Director of Health (South Tees) was in attendance at the meeting to provide an update to the panel on the Health and Well-Being Strategy, the Joint Strategic Needs Assessment (JSNA) and his Annual Report for 2021-2022.

The panel was advised that the Health and Well-Being (HWB) Strategy outlines how the Health and Well-Being Board aims to improve the health and wellbeing of people in South Tees and reduce inequalities. It was emphasised that health inequalities are not the fault of individual people, they are the result of social, environmental, and economic factors. The Strategy aimed to tackle complicated problems which would not be solved by any single agency. The three proposed Strategic Aims were as follows:-

Start Well: Children and Young People have the Best Start in Life
Live Well: People Live Healthier and Longer Lives
Age Well: More people will live longer and healthier lives

The focus would be on working in partnership on cross-cutting principles and delivering its vision through: addressing inequalities, integration and collaboration, use of information and intelligence and involvement of residents, patients and service users. Reference was made to the current JSNA and it was advised that the document was out of date, not particularly strategy and it acted as a compendium of topics rather than a “strategic needs assessment”. The aim in drafting a new JSNA would be to move to mission based approach, which would be goal orientated.

In terms of timescales it was advised that it was intended that the final JSNA would be submitted to the Health and Well Being Board in March 2023. Key areas of action would then be developed under each Goal, with a view to the Health and Well-Being Strategy being collated and approved by the Health and Well-Being Board in June 2023.

Following the presentation Members were afforded the opportunity to ask questions and the following points were raised:-

Reference was made to a decision taken by Tees Valley Combined Authority (TVCA) to contract the cycle centre to Sustrans and away from Environment City and whether this had been the most effective solution. In response it was advised that although there had been a number of discussions held with TVCA in respect of the shared prosperity fund this was an area of work that required further development. The development of a new HWB Strategy provided a real opportunity to develop that relationship with the TVCA.

A Member of the panel stated that the funding available through the shared prosperity fund was significantly less than that which had been available through the European Development Fund. It was therefore queried as to how it was envisaged that this relationship would work in practice to ensure health remained connected to it as possible. In response it was advised that the projects being undertaken by TVCA needed to be used as a lever to help in reducing health inequalities. However, further work was first required in respect of how the HWB Strategy was developed.

The Director of Commissioning, Strategy and Delivery at the North East and North Cumbria (NENC) Integrated Care System (ICS) was in attendance to update the panel in respect of the NENC ICS and NENC Integrated Care Board (ICB), new statutory NHS organisations, launched on 1 July 2022. It was advised the new ICB now had collective responsibility for deploying the resources that had previously been discharged by the CCGs. The NENC ICB covered eight previous CCGs and was coterminous with 13 Local Authorities and a transition programme had been underway. Teams across the region NENC region had worked collectively to determine how the ICB would function and the Executive Team was now in place. Clear place based arrangements had also been established and a Director of Place for Middlesbrough and Redcar and Cleveland had been appointed. The ICB had set out some early ambitions around supporting staff that worked in the NENC. There was also a focus on embracing the innovation that had taken place during Covid-19 and promoting the region as

the best place in the country to train and work.

In terms of the ICB it was constituted from the leadership team and there were four seats around that table for Local Authority representatives. One was held by the Director of Adult Social Care at Stockton Borough Council and the others were yet to be determined. Each ICS and ICB had to work with Integrated Care Partnerships (ICP's) and owing to the NENC's large geographical footprint the region had been split into four ICP's, one of which was the Tees Valley ICP.

The Chair thanked the Director of Public Health (South Tees) and the Director of Commissioning, Strategy and Delivery at the North East and North Cumbria (NENC) Integrated Care System for their presentations and contributions to the meeting.

AGREED that the information provided be noted.

21/6 **CHAIR'S OSB UPDATE**

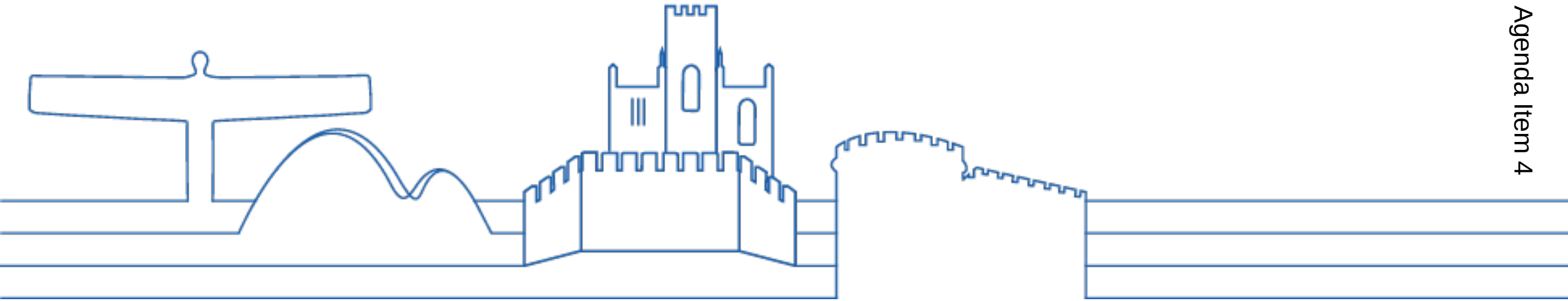
The Chair advised the Panel that at the OSB meeting on 19 July 2022 the Board had considered and discussed the following:

- Executive Forward Work Programme
- Executive Member Update – Councillor Mieka Smiles – Deputy Mayor and Executive Member for Children's Services
- Chief Executive's Update
- Final Report of the Children and Young People's Learning Scrutiny Panel – Special Educational Needs and Disabilities (SEND)
- Scrutiny Chairs Update

NOTED

NHS
North East and North Cumbria

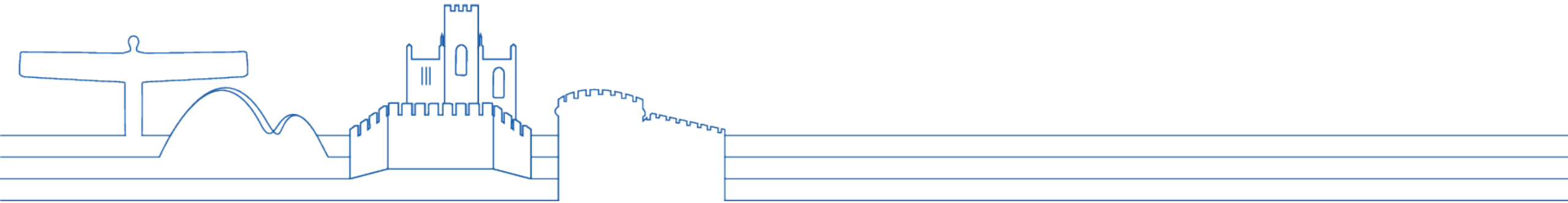
South Tees Integrated Urgent Care Engagement Event



Housekeeping

NHS
North East and
North Cumbria

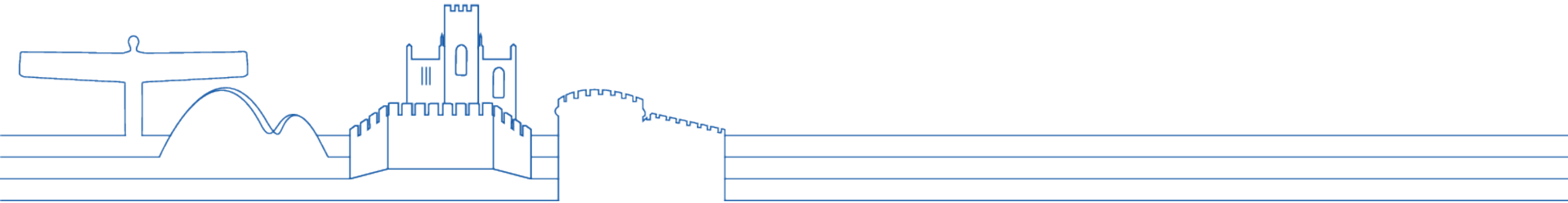
- Fire alarm / nearest fire exits
- Toilets
- Hearing loop available
- Please can mobiles be turned to silent
- No planned breaks during the session



Participation

NHS
North East and
North Cumbria

- The session will keep to time
- All views are welcome
- Please respect others' opinions and be respectful
- Please don’t talk over other people
- A roving mic is available for the Questions & Answers
- Questions can be asked confidentially via staff
- Slides can be requested after the event (via staff)
- All questions and comments will be noted anonymously

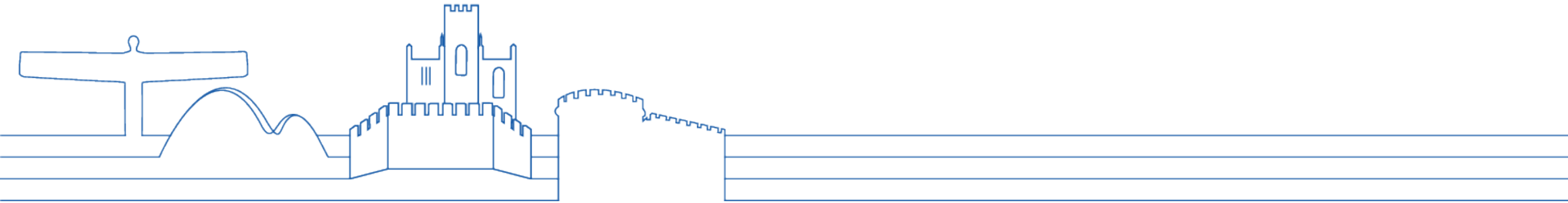


Welcome

NHS
North East and
North Cumbria

Todays event will include:

- Introduction and welcome
- Presentation on the engagement
- Table discussions
- Questions and answers
- Next steps



The Panel

Craig Blair

Director

North East & North Cumbria Integrated Care Board

Andrew Rowlands

Head of Commissioning - Urgent Care

North East & North Cumbria Integrated Care Board

Dr Janet Walker

Medical Directorate (Tees Valley)

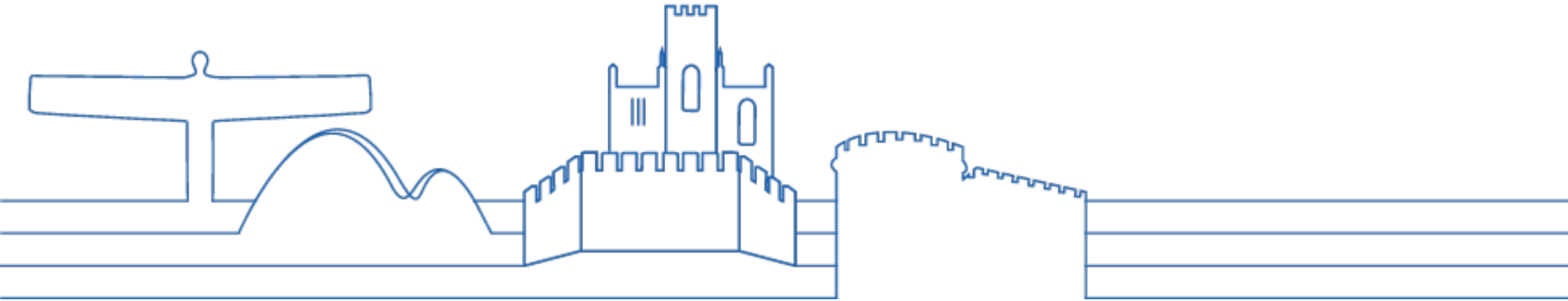
North East & North Cumbria Integrated Care Board

NHS
North East and
North Cumbria

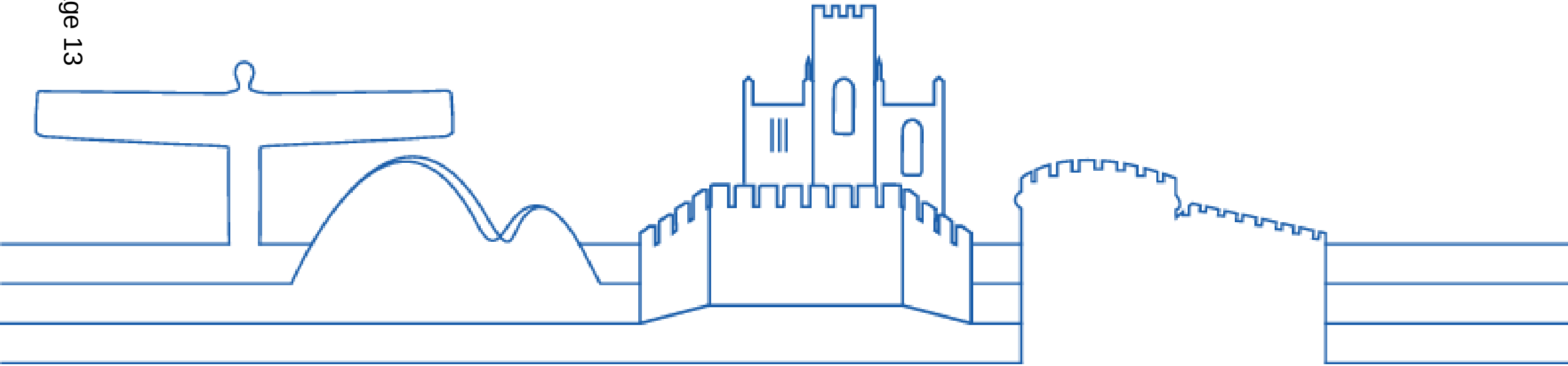
The purpose of today's session

North East and North Cumbria

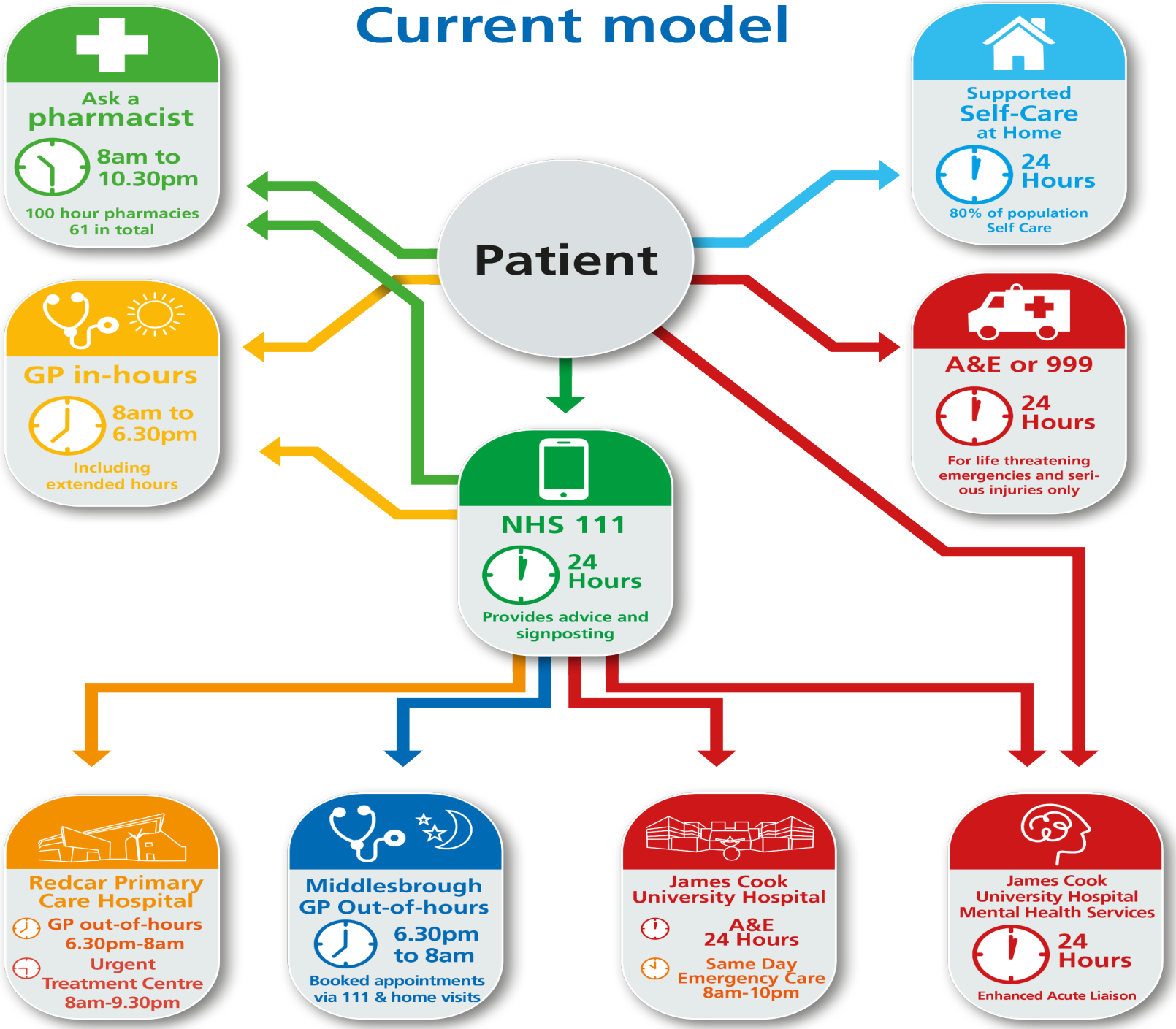
This is the opportunity for you to have your say about the proposed new model of integrated urgent care service in Middlesbrough and Redcar



What is the current urgent care model?



Current model

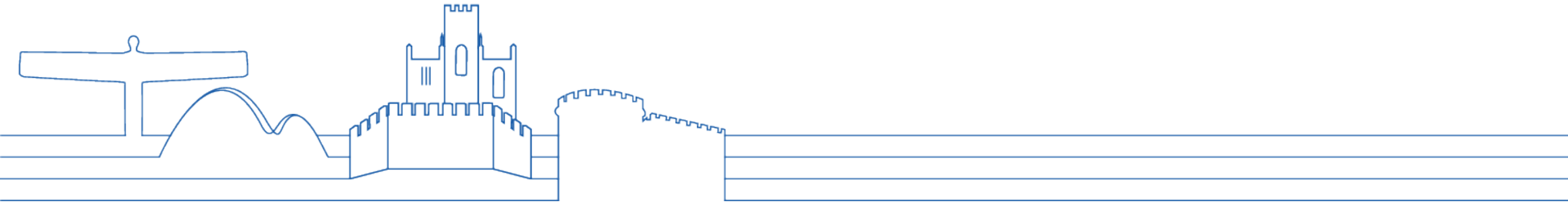


NHS
North East and North Cumbria

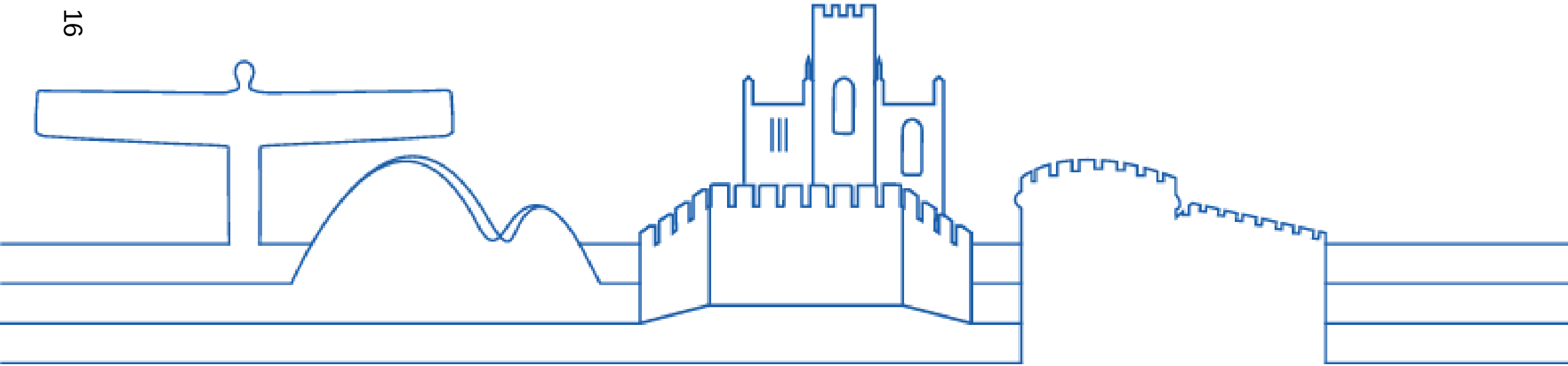
Why we need to change

NHS
North East and
North Cumbria

- More people are accessing health services than in the past
- Patients are unsure where to go for urgent care services
- The services in Stockton, Hartlepool and Darlington are different to those in Middlesbrough and Redcar & Cleveland
- Dept of Health is encouraging local health providers to implement Integrated Urgent Care



Proposed Integrated Urgent Care Model

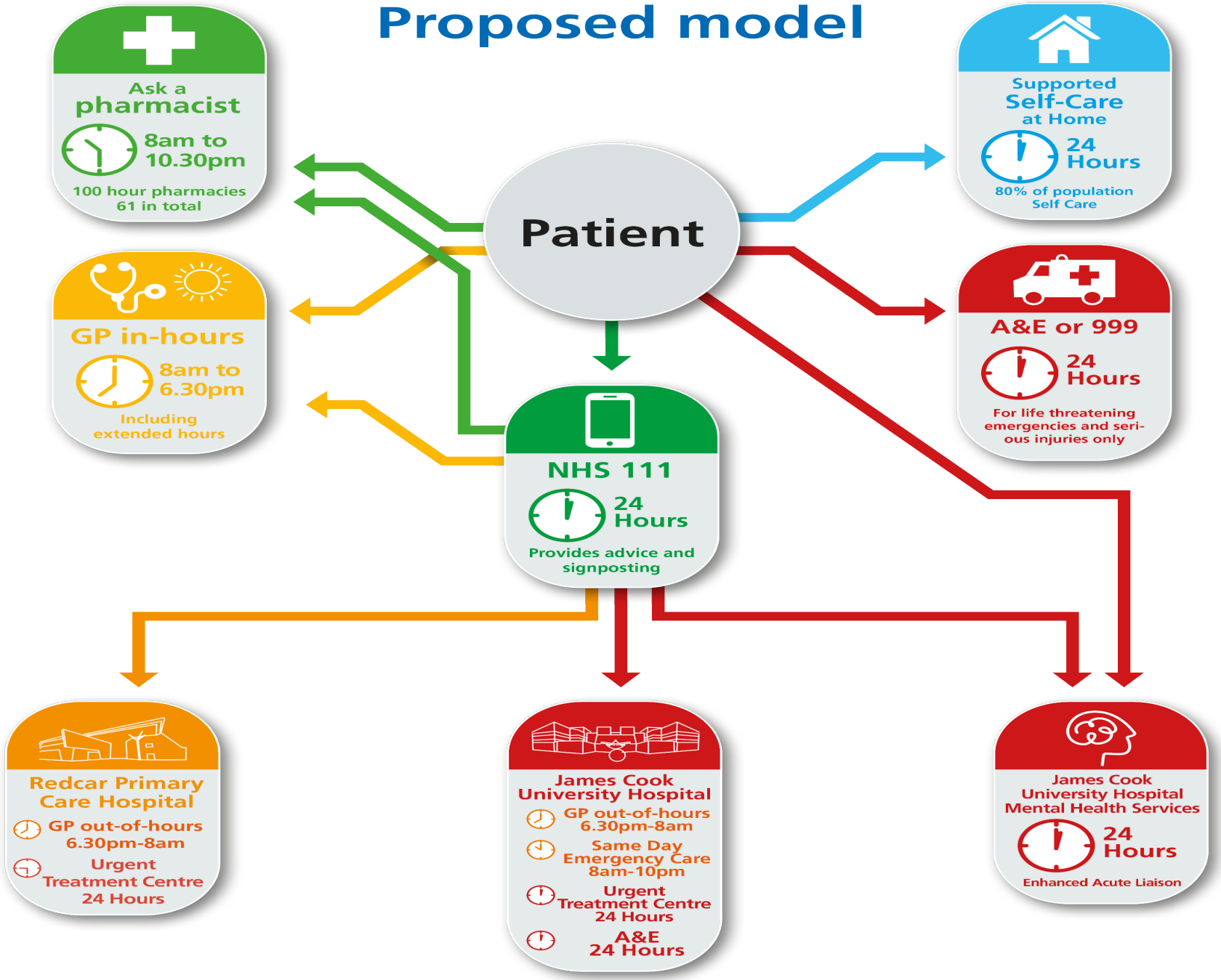


Who developed the proposal?

NHS
North East and
North Cumbria

Groups of local Drs and Nurses who deliver Urgent Care services have worked together to develop the proposal

Proposed model



NHS
North East and North Cumbria

What will it mean for you and your family?

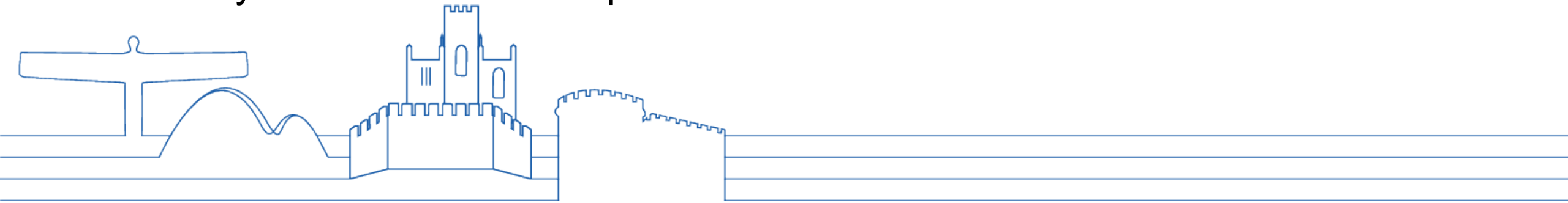
NHS
North East and
North Cumbria

- You will have access to urgent care services when you need it by calling 111 – 24/7 365 days a year

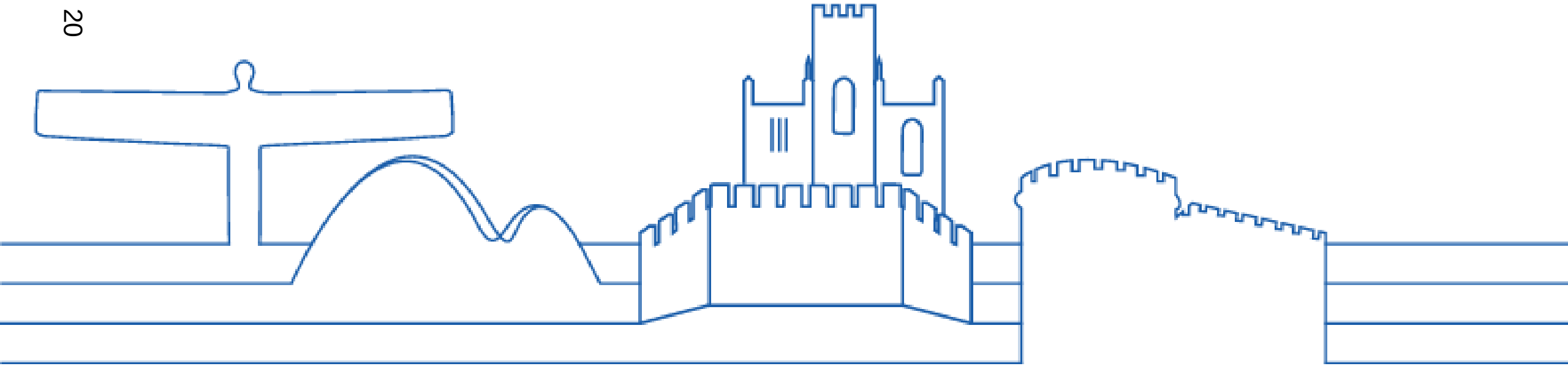
- 111 will be able to offer you an appointment for your urgent care needs

- You will get the same urgent care services at Redcar Primary Care Hospital and James Cook Hospital 24/7 365 days a year

- A GP out of hours appointment in Middlesbrough will move from North Ormesby to James Cook Hospital



What are the benefits



There will be an Urgent Care facility in Middlesbrough and Redcar, including GP Out of Hours

NHS
North East and North Cumbria

Dial 111 from a landline or mobile

Contact NHS 111 Online or use the NHS app

Appointments will be available when calling 111 for urgent care needs

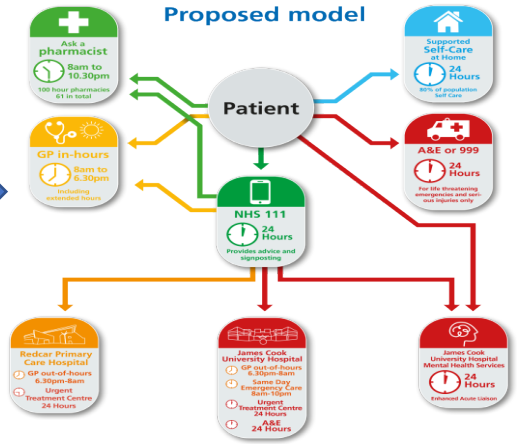
Patients will be seen in a timely manner by Drs and Nurses in the right place with the necessary equipment

Patients will only tell their story once!

Increase awareness of early detection of illness

It will be clear how to access urgent care services

NHS
North East and
North Cumbria



Services will be joined up, seamless and co-ordinated

Communications Activities

NHS North East and North Cumbria

Gazette advert

Adverts also appear on Tees Live website. Organic social media coverage across Facebook and Twitter. Posters displayed across GP practices in Middlesbrough, James Cook hospital and community venues.

Posters

Facebook advert

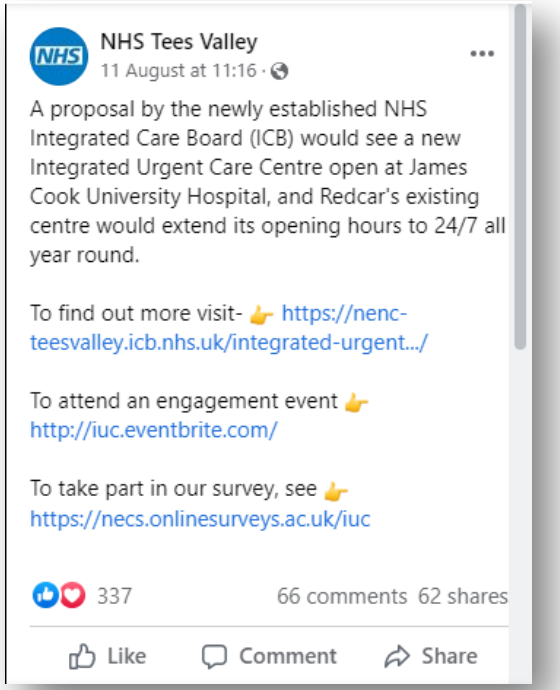


Table Exercise

NHS
North East and
North Cumbria

- 50 Minutes to explore 5 questions and any other questions you may want to ask
- There will be a facilitator and scribe on each table
- Chance to feedback and ask any questions

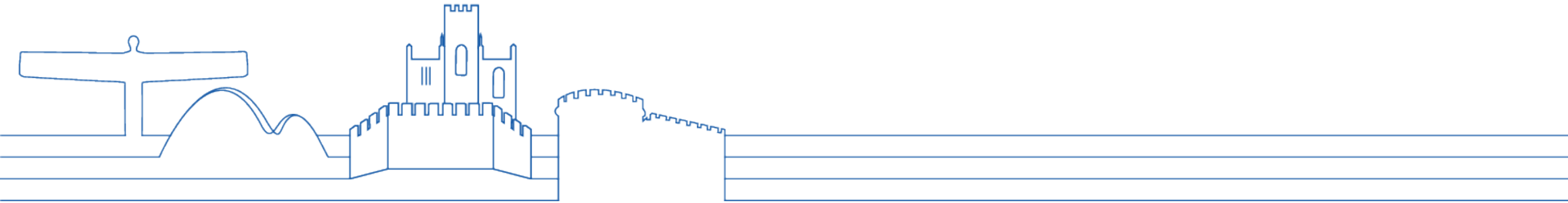


Table Exercise

NHS
North East and North Cumbria

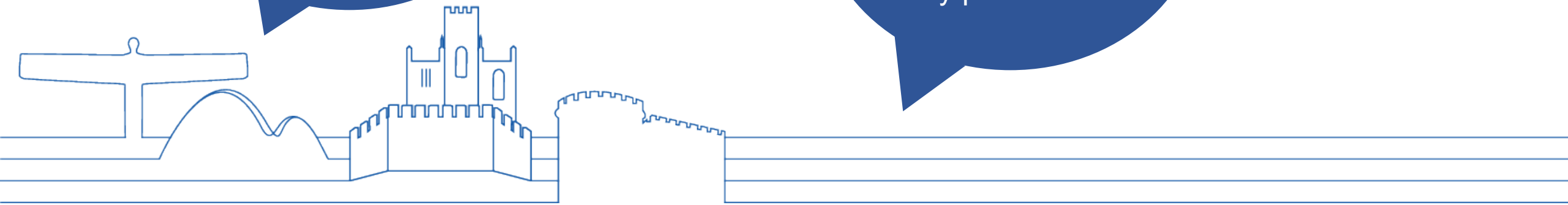
Q1
Have you accessed urgent treatment out of hours?

Q2
Did you find it easy to access urgent treatment out of hours?

Q3
Did you know can book an urgent appointment out of hours via NHS 111?

Q4
Would relocating the GP Out of Hours service from North Ormesby to James Cook cause you any problems?

Q5
Do you support the proposal to integrate urgent care services in Middlesbrough and extend Redcar to 24/7?



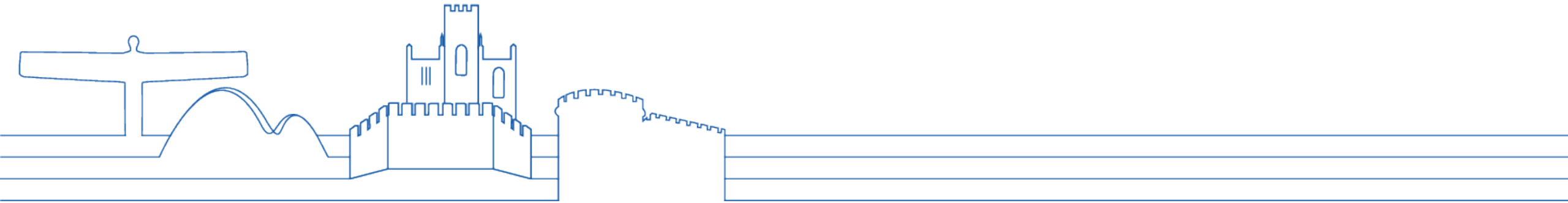
Any Questions?

NHS
North East and
North Cumbria

What happens next?

NHS
North East and
North Cumbria

- We will continue conversations with stakeholders during the engagement period
- The feedback will be analysed and a report will be produced which will be made public
- The ICB will then update patients and stakeholders on the recommendations and the outcome of the engagement
- No decision has been made or will be made regarding the proposed new model for Tees Valley prior to further engagement and consultation, if required
- Decisions will be made through governance arrangements and committee structures as defined by the ICB



How you can get involved

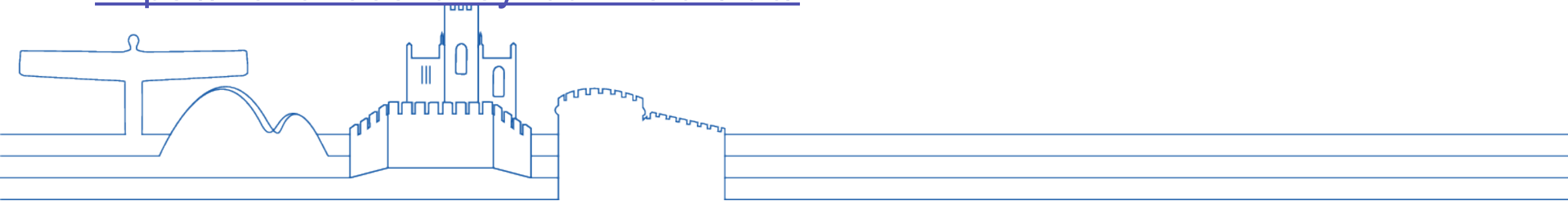
NHS
North East and North Cumbria

- If you would like to complete the online version the link is https://necs.onlinesurveys.ac.uk/iuc

- Paper copies can be requested from any GP Practice in Middlesbrough or by contacting necsu.comms@nhs.net

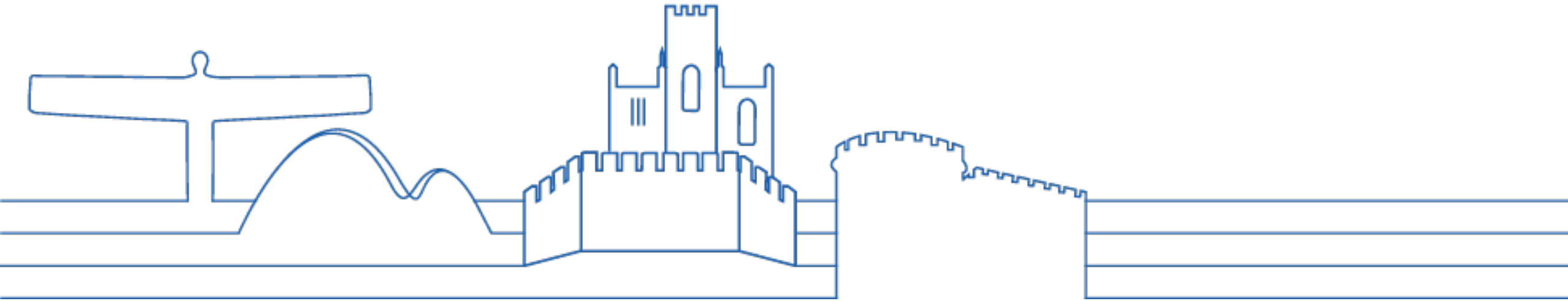
- To register to attend an event: http://iuc.eventbrite.com/

- For further information visit our web page https://nenc-teesvalley.icb.nhs.uk/iuc/



NHS
North East and
North Cumbria

Thank you



Tees, Esk and Wear Valleys NHS Foundation Trust

Specialist community mental health services for children and young people

Inspection report

West Park Hospital
Edward Pease Way
Darlington
DL2 2TS
Tel: 01325552000
www.tewv.nhs.uk

Date of inspection visit: 6-7 July 2022
Date of publication: 15/09/2022

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**

Our findings

Specialist community mental health services for children and young people

Requires Improvement 

We carried out this unannounced focused inspection to see whether improvements had been made since our last inspection in June 2021. On that inspection, we issued a warning notice under Section 29A of the Health and Social Care Act.

On this inspection, we checked whether improvements had been made to address the concerns identified. These included, ensuring there were enough staff to meet the demands of the service, staff were appropriately trained, waiting lists were managed, there was clear oversight of any patient risks, the service could be accessed promptly and any issues were promptly addressed by senior management. This is in line with our published guidance to follow up inadequate ratings and section 29A warning notices.

The service provides specialist community mental health services for children and young people. We inspected the following teams:

- Easington Community Team
- CAMHS North Durham
- CYPS Getting More Help Stockton
- CYPS Getting More Help Middlesbrough
- CYPS Scarborough
- CAMHS York East and West

We provided 24 hours' notice of the inspection to ensure someone would be available at each of the team bases. We inspected on 6-7 July 2022. This was a focused inspection looking at the safe key question only. Our rating of this core service improved. We rated them as requires improvement because:

- Although improvements had been made since the previous inspection, there were still not enough staff in every team to meet the demands of the service. Some teams still had a high number of vacancies and high caseloads.
- Not all staff were appropriately trained in the mandatory skills required to fulfil their roles.
- Despite improvements made, some children and young people were still waiting a long time for treatment.
- The majority of children and young people had safety plans in place but where safety plans hadn't been created, there wasn't always justification recorded for this.
- Staff did not have access to personal alarms at North Durham and not all rooms at Middlesbrough and York were sound proofed.

However:

- The service was achieving its targets of maintaining contact with children and young people on waiting lists.

Our findings

- The premises were clean, well maintained and well furnished.
- We found the trust senior management team had responded promptly to address issues identified at the previous inspection and in the section 29A warning notice. However, this work was ongoing and had not been fully embedded in the service.

How we carried out the inspection

On this inspection, we assessed whether the service had made improvements in response to the concerns we identified during our last inspection. We therefore only looked at the safe key question.

Before the inspection visit, we reviewed information that we held about the service. During the inspection visit, the inspection team:

- visited six team bases;
- reviewed the quality and safety of the environment;
- attended six meetings;
- spoke with 48 members of staff, including team managers;
- reviewed 47 care records;
- spoke with one young person and 19 parents or carers;
- looked at a range of audits, policies, procedures and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

We spoke with one young person and 19 parents or carers.

Everyone we spoke with told us staff treated them with respect and spoke with them in a way they could understand. They told us they always saw the same member of staff and clinicians could be accessed quickly when needed.

Most of the parents, carers and young people we spoke with told us they did not have to wait long for treatment. Four told us they waited longer than two months.

Parents, carers and young people told us the facilities were clean and comfortable.

Is the service safe?

Requires Improvement ↑

Our rating of safe improved. We rated it as requires improvement.

Our findings

Safe and clean environments

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Risk assessments were up to date and regularly reviewed. These included fire, lone working and risks from the environment such as potential points of ligature and other hazards. Where risks were identified, actions were put in place to reduce the risk.

Not all interview rooms had alarms. Where rooms did not have fixed alarms, portable personal alarms were available in reception for staff to use. The exception was North Durham, where staff did not have access to alarms. This had been identified in a recent audit as an issue for consideration. However, staff managed risks appropriately and where there was an identified risk, rooms in the reception area were used for appointments. Staff were available in the adjoining room next door to respond to any incident should they arise. There had been no recorded incidents of physical violence at the service.

All clinic rooms had the necessary equipment for patients to have thorough physical examinations.

All areas were clean, well maintained and well furnished. Patient participation groups took place, which gave children and young people the opportunity to feedback on the environment and suggest improvements to the décor.

Not all rooms at Middlesbrough and York were sound proofed.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff always followed infection control guidelines, including handwashing. There were appropriate hand hygiene facilities available in each location visited.

Staff made sure equipment was well maintained, clean and in working order.

Safe staffing

The service did not always have enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was too high in some of the teams. This did not prevent staff from giving each patient the time they needed.

Nursing staff

Although staffing levels, caseloads and waiting times for treatment had improved since the last inspection, the service did not always have enough nursing and support staff to keep patients safe.

Vacancy rates varied by team. The overall vacancy rate for the service had improved from 11% at the previous inspection to 7% at this inspection. The vacancy rate in the Durham and Tees Valley locality was 3% however in the North Yorkshire, York and Selby locality it was 21%. The York East, York West and Scarborough teams all had vacancy rates of 25% or more.

The trust told us they were introducing a recruitment and retention programme, with bespoke campaigns to specifically attract the right staff. Agency staff were being used in the interim and allocated to teams in most need.

Our findings

Caseload sizes had reduced across the community teams. Most of the staff told us there had been significant improvements to caseload sizes and caseloads were more manageable. Only two of the staff we spoke with raised concerns about staffing levels and caseload sizes.

The trust had introduced a number of systems and processes that had resulted in improvements to caseload sizes. These included the introduction of a single point of contact team, that had improved the way referrals were made to the service and reduced the number of inappropriate referrals. Staff were receiving regular caseload supervisions and thorough reviews of caseloads had taken place in some of the teams. Where this work had been completed, there had been significant improvements in caseload sizes. For example in Stockton, managers reported caseloads of 40-95 at the last inspection. At this inspection, the average caseload size had reduced to 23.

Staff in the Scarborough ADHD team reported high caseloads of over 100. They told us there had been an increase in new referrals and 400 patients had been transferred from an acute setting, all requiring consultant review and appointments.

Caseload sizes continued to be large in the York East (72) and York West (69) community teams. This was in part due to the staff vacancies in these teams. The provider had employed two new matrons, due to commence in post in August 2022. These staff will prioritise demand and capacity work with these teams and review all caseloads.

Staff turnover rates varied by team. The North Yorkshire, York and Selby locality had the highest turnover rate at 19.79%. The North Durham team had the highest turnover rate at the last inspection however this had reduced from 25.96% to 11.90%.

Managers supported staff who needed time off for ill health. Staff reported managers were supportive and prioritised their wellbeing.

Levels of sickness were low. Overall sickness rate for the service was 4%.

Medical staff

The service had enough medical staff. Staff, children and young people, and carers reported no issues with accessing medical staff.

Managers could use locums when they needed additional support or to cover staff sickness or absence.

Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a psychiatrist quickly when they needed to.

Mandatory training

Not all staff had completed and kept up-to-date with their mandatory training. Training compliance in the Durham and Tees Valley locality was 91.31%, slightly below the trust target of 92%. In the North Yorkshire, York and Selby locality, overall compliance was 82.77%. Compliance had been impacted due to the turnover in staff and not all new staff had completed all their training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Our findings

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff working in the mental health crisis teams worked with patients and their families and carers to develop safety plans. Staff followed good personal safety protocols.

Assessment of patient risk

Staff completed risk assessments for each child or young person on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 47 care records. Risk assessments were present in 45 of the records, only two of these had not been reviewed in the last 12 months.

Staff used a recognised risk assessment tool.

Staff could recognise when to develop and use safety plans and advanced decisions according to patient need. The majority of children and young people had safety plans in place but where they hadn't been created, there wasn't always justification recorded for this.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. Children and young people's health was reviewed at every appointment.

Staff continually monitored patients on waiting lists for treatment and responded to any changes in the level of risk. The trust was achieving 100% compliance with keeping in touch (KIT) targets for children and young people waiting for treatment. KIT targets were rated red, amber or green (RAG), depending on risk. A child or young person assessed as being high risk was contacted at least weekly. A child or young person assessed as being medium risk was contacted at least monthly. A child or young person assessed as being low risk was contacted at least every three months.

Waiting times for treatment had improved but varied across the teams. Average waiting times were now 104 days (using the national standard of two contacts with the service) or 176 days (using the trust's internal definition of the wait for a relevant treatment), compared to 371 days at the previous inspection. Using the trust's internal definition, the longest average wait for treatment was 360 days in the Darlington community team. The trust told us they had introduced their own internal definition to provide a more robust and transparent indicator of true waiting times for treatment for children and young people.

A weekly report of children and young people on waiting lists was produced by the trust's corporate performance team to provide oversight and assurance of the children and young people waiting for assessment and treatment and the progress being made to address any children who had been waiting for a long period of time. The report on 4 July 2022 showed the number of children and young people waiting over 12 months for treatment was 275, a reduction of 731 compared to 12 months ago.

We spoke with one young person and 19 parents or carers. Most told us they did not have to wait long for treatment. Four told us they waited longer than two months.

Our findings

Waiting times were skewed if a child or young person was initially referred for a neuro assessment then later referred to the community teams as their clinical presentation had changed. This is because their wait time is calculated from their initial referral.

The trust was achieving their target of 28 days for the average wait from referral to assessment. However, 112 children and young people were waiting over two months.

Managers and staff spoke positively about the introduction of the iThrive framework. iThrive is a nationally recommended operational framework which aims to improve outcomes for children and young people's mental health and wellbeing. Elements include effectively signposting children and young people to the appropriate service.

Staff followed clear personal safety protocols, including for lone working. There was a lone worker policy in place and risk assessments were up to date. Staff told us they felt safe in their role.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Training levels for some teams fell below the trust target. The provider had a safeguarding lead.

Staff received training on how to recognise and report abuse, appropriate for their role.

Not all staff had kept up-to-date with their safeguarding training. Training compliance in the Durham and Tees Valley locality was above the trust target of 92%. In the North Yorkshire, York and Selby locality, overall compliance was below the trust target for safeguarding level 1 (85.71%) and safeguarding level 3 (87.22%).

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We reviewed 47 care records. Safeguarding referrals were appropriately made however in one case, a care record stated a safeguarding referral should be made but there was no evidence of this in the records. A staff member agreed this referral should have been made and would action it.

Staff access to essential information

Staff working for the mental health crisis teams kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Care records were easily accessible to all staff. A new electronic care records system was due to be implemented later in 2022.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Our findings

Medicines management

The service used systems and processes to safely prescribe and record and medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. The service did not store or administer medicines. Medicines that were prescribed were clearly documented.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff followed national practice to check patients had the correct medicines.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff told us therapy was always the first option and medicines were used as a last resort.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with trust policy.

Staff reported serious incidents clearly and in line with trust policy. There had been five serious incidents reported in the previous 12 months. All had been appropriately actioned.

The service had no never events.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback and learning from incidents was provided at team meetings, team huddles, case discussions and through reflective practice.

There was evidence that changes had been made as a result of feedback. Staff could describe specific incidents and what had been learned from those incidents.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that there are enough staff in each team to meet the demands of the service. (Regulation 18(1)(2)(a)).
- The trust must ensure that all staff are appropriately trained in the mandatory skills required to fulfil their roles. (Regulation 18(1)(2)(a)).
- The trust must continue to review waiting times and ensure that children and young people receive treatment in a timely manner. (Regulation 9(1)).

Action the trust Should take to improve:

- The trust should ensure that all children and young people who require safety plans have them in place.
- The trust should ensure all staff have access to personal alarms.
- The trust should ensure all rooms where appointments take place are adequately sound proofed.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, three specialist advisors and one expert by experience.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

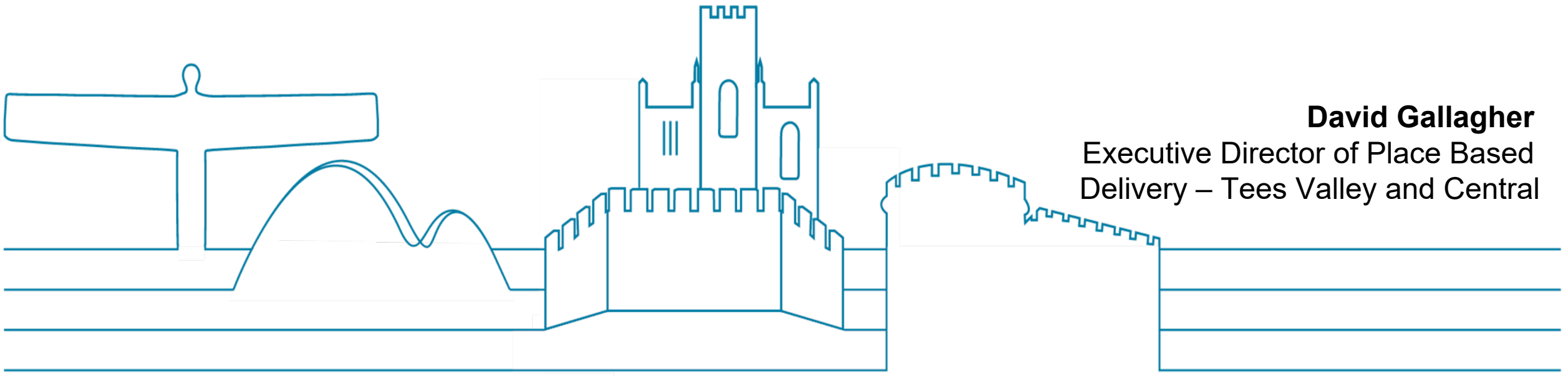
The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This page is intentionally left blank

Guidance on the formation of Integrated Care Partnerships



David Gallagher
Executive Director of Place Based Delivery – Tees Valley and Central

Integrated Care Systems (ICSs)

42 statutory ICSs have established across England comprising two key bodies – an integrated care board (ICB) and integrated care partnership (ICP)

North East & Yorkshire

1 NHS Humber and North Yorkshire
2 NHS North East and North Cumbria
3 NHS South Yorkshire
4 NHS West Yorkshire

North West

5 NHS Cheshire and Merseyside
6 NHS Greater Manchester
7 NHS Lancashire and South Cumbria

East of England

8 NHS Bedfordshire, Luton and Milton Keynes
9 NHS Cambridgeshire and Peterborough
10 NHS Hertfordshire and West Essex
11 NHS Mid and South Essex
12 NHS Norfolk and Waveney
13 NHS Suffolk and North East Essex

Midlands

14 NHS Birmingham and Solihull
15 NHS Black Country
16 NHS Coventry and Warwickshire
17 NHS Derby and Derbyshire
18 NHS Herefordshire and Worcestershire
19 NHS Leicester, Leicestershire and Rutland
20 NHS Lincolnshire
21 NHS Northamptonshire
22 NHS Nottingham and Nottinghamshire
23 NHS Shropshire, Telford and Wrekin
24 NHS Staffordshire and Stoke-on-Trent

London

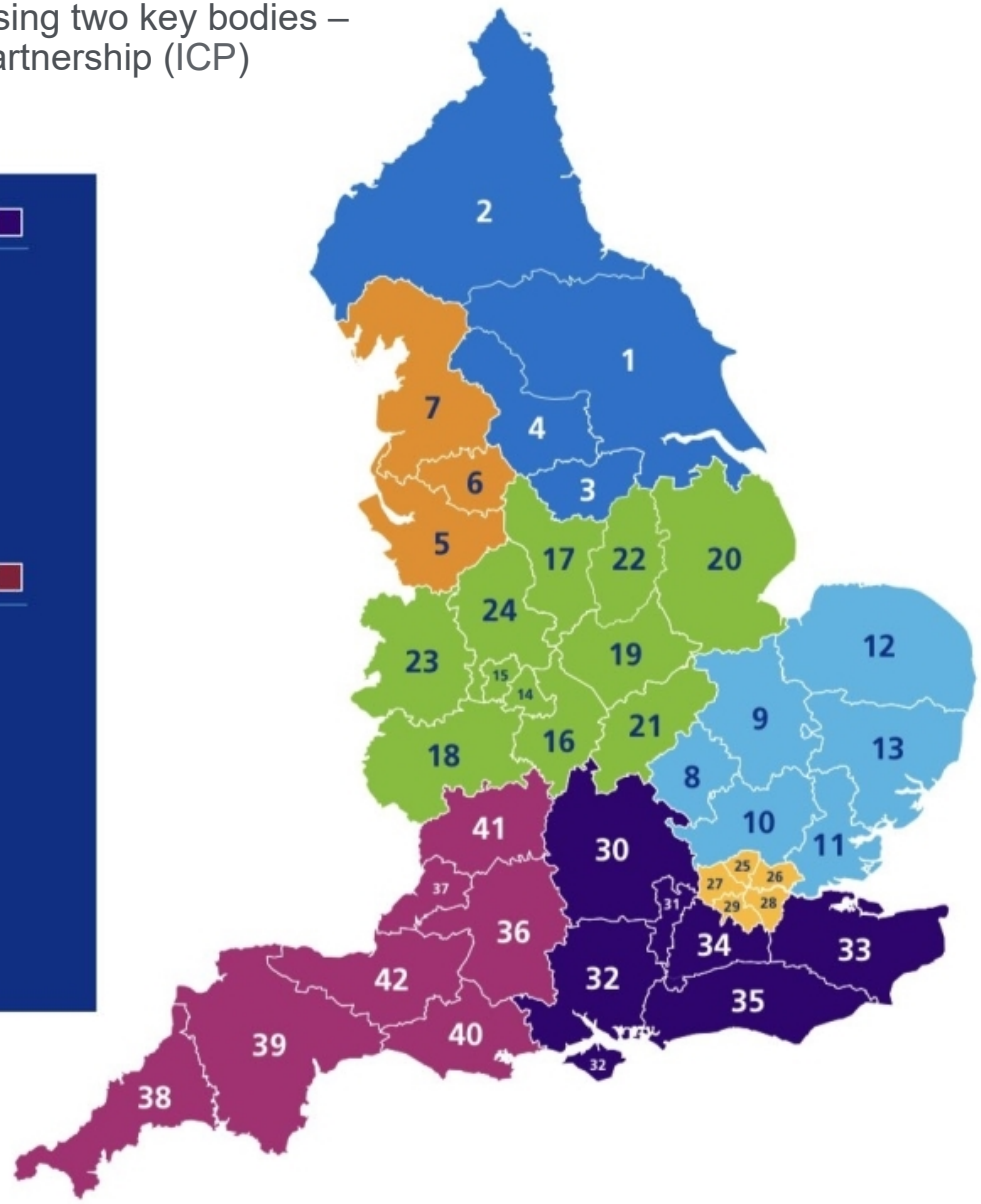
25 NHS North Central London
26 NHS North East London
27 NHS North West London
28 NHS South East London
29 NHS South West London

South East

30 NHS Buckinghamshire, Oxfordshire and Berkshire West
31 NHS Frimley
32 NHS Hampshire and Isle of Wight
33 NHS Kent and Medway
34 NHS Surrey Heartlands
35 NHS Sussex

South West

36 NHS Bath and North East Somerset, Swindon and Wiltshire
37 NHS Bristol, North Somerset and South Gloucestershire
38 NHS Cornwall and The Isles Of Scilly
39 NHS Devon
40 NHS Dorset
41 NHS Gloucestershire
42 NHS Somerset



Key expectations for ICPs

The Department for Health and Social Care, NHS England and the Local Government Association have jointly developed five key expectations for Integrated Care Partnerships. They are intended to help local authorities and ICBs maximise the value that ICPs can bring to their local communities.

Integrated Care Partnerships will:

- Be a core part of the Integrated Care System, driving direction and priorities;
- Be rooted in the needs of people, communities and places;
- Create space to develop and oversee population health strategies to improve health outcomes and experiences;
- Support integrated approaches and subsidiarity;
- Take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights

Guiding principles agreed by the Joint Management Executive Group (JMEG)

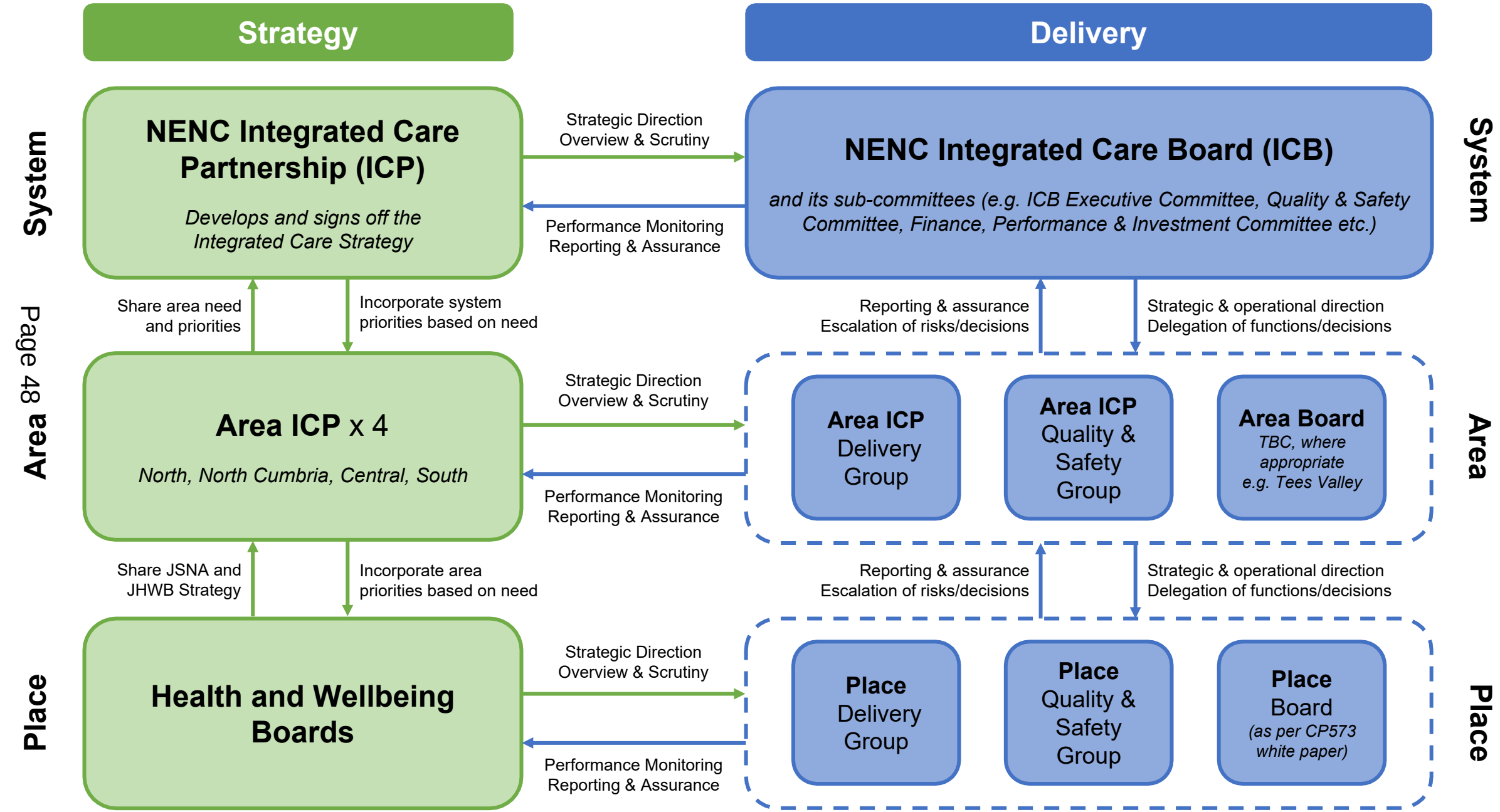
A joint NHS and Local Authority group was convened by Sir Liam Donaldson to consider national guidance on establishing Integrated Care Systems and the priorities of key stakeholders, and to agree principles that would guide this work. These included:

- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care, while ensuring accountability and effective stewardship of our resources
- Agree the constitution and appropriate composition of the Integrated Care Board – reflecting the size and scale of our ICS area
- Ensure continuity of effective place-based working between the NHS, local authorities and other partners sensitive to local needs
- Design the right mechanisms to drive innovation and improvement in geographical areas larger than place-level;
- Develop a model of effective inter-relationship between the Integrated Care Board and the Integrated Care Partnership - **building on existing partnerships in our four ICP Areas**

ICP footprints agreed by JMEG

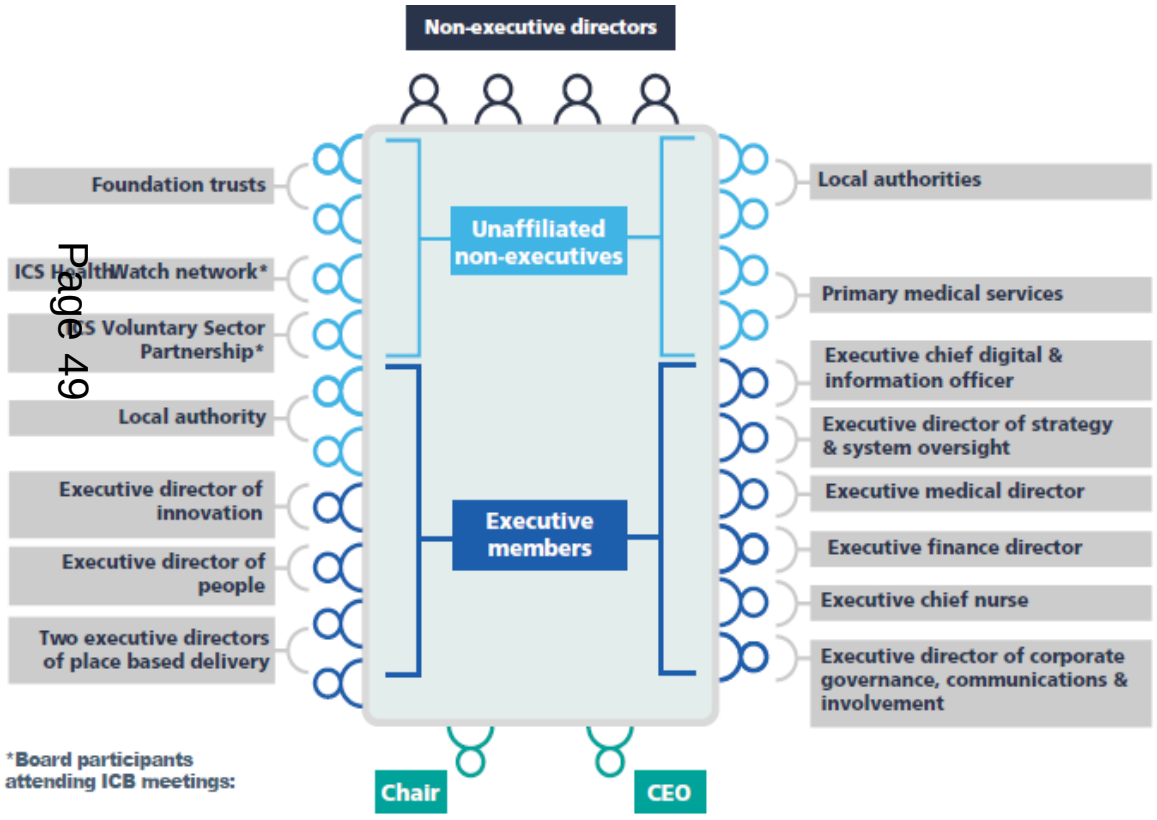
Following feedback from our local authority partners, our system will include one Strategic ICP built up from four '<u>Area ICPs</u>', recognising our existing partnerships

North East and North Cumbria (NENC) Integrated Care System



Confirmed ICB leadership team

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**



Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

Non Executive Directors

- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

Participants

- ICS HealthWatch Network: **David Thompson** (Northumberland HealthWatch)
- ICS Voluntary Sector Partnership: **Jane Hartley**

Executive Directors

- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Corporate Governance, Communications & Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Strategy and System Oversight – **Jacqueline Myers**
- Executive Director of Placed Based Partnerships (Central & Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**

National Guidance on the formation of ICPs

Expectations for ICPs are laid out in two key documents: ICS design framework (June 2021) and the Integrated care partnership engagement document (September 2021), which were developed by the Department for Health and Social Care (DHSC), NHS England and Improvement, and the Local Government Association (LGA).

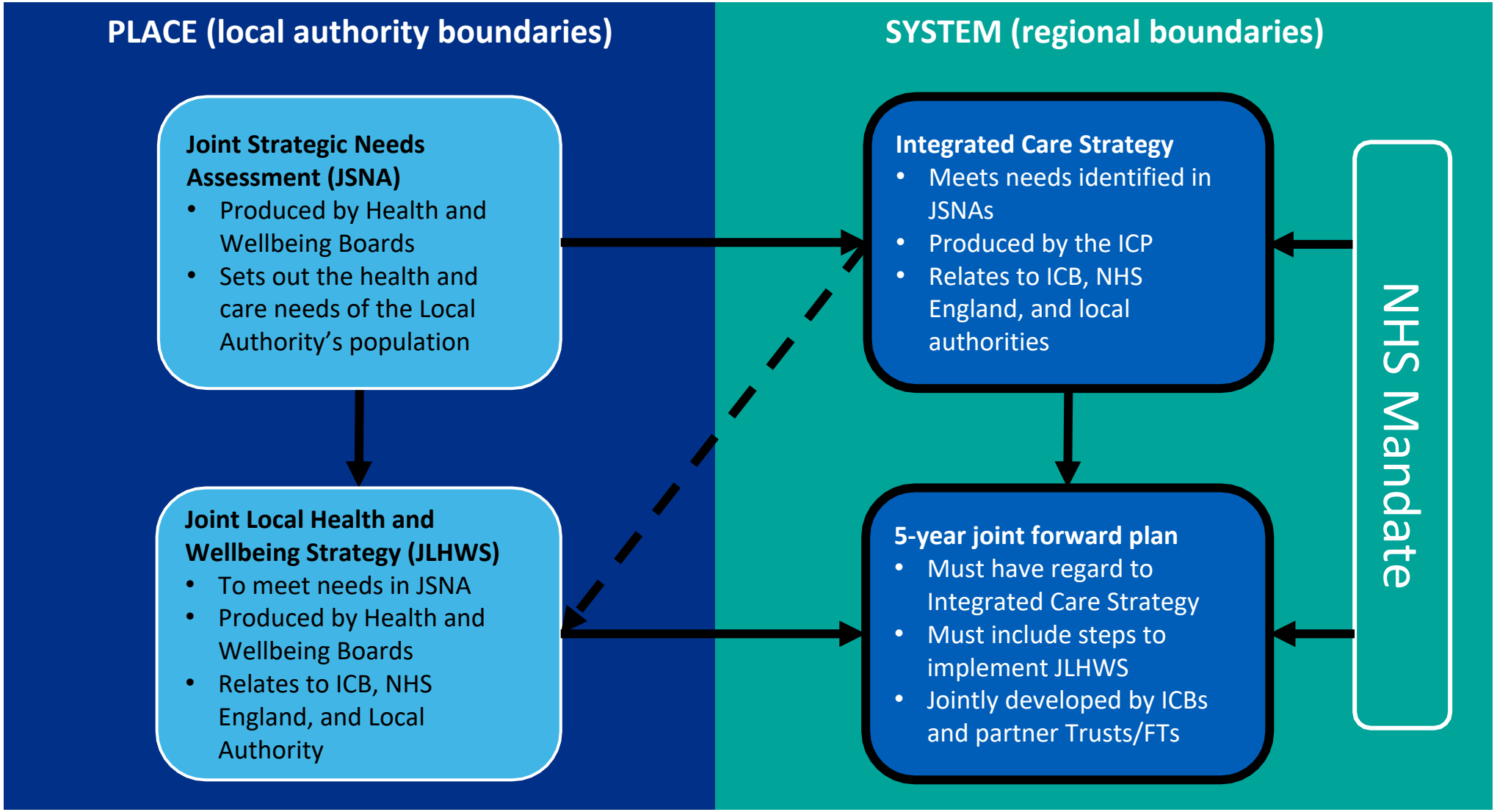
- **Purpose**: to align the ambition, purpose and strategies of partners across the system to integrated care and improve the health and wellbeing outcomes for their population
- **Structure**: a statutory committee, established by the NHS and local government as equal partners (NB the ICP is not a statutory body and does not take on functions from other parts of the system)
- **Governance**: local agreement is required on its terms of reference, membership, and administration
- **Operating model**: this is not prescribed. ICPs can develop the arrangements that work best for them, based on equal partnership across health and local government, subsidiarity, collaboration and flexibility.
- **Public Engagement**: expectation that use mechanisms to ensure our strategy is developed with those with lived experience of health and care services; and a multi agency Communications and Involvement Group is overseeing supported by colleagues in Healthwatch and the VCSE

Roles and Accountabilities of ICPs

Having regard to the NHS England Mandate and any guidance issued by the DHSC, ICPs must:

- Facilitate joint action to improve health and care services, reduce health inequalities and influence the wider determinants of health and broader social and economic development
- Develop an '**integrated care strategy**' for its whole population, which the ICB and local authorities must '**have regard to'** when making decisions, and commissioning or delivering services
- This strategy must use the best evidence and data, building up from local assessments of needs (JSNAs), and enable integration and innovation, including multi-agency workforce planning
- Champion inclusion and transparency
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Convene, influence and engage the public and communicate to stakeholders in clear and inclusive language, ensuring the system is connected to the needs of every community it includes,
- Promote service integration, through the use of Section 75 arrangements, including pooled funds

How the ICS strategies and plans link together



ICP Membership

"A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population."

The following are required members:

- **Local authorities** who are responsible for social care services in the ICS area (with a duty to co-operate)
- **ICB representatives** (with a duty to co-operate)

Any other members should be agreed by the ICB, local government and other partners.

- Members are to act in the interests of the ICS population, not of the organisation to which they belong, and heir sector knowledge should be used to inform decisions, not represent particular interests.
- Not all partners need be members of the ICP "and membership should be kept to a productive level" (sub-groups, networks and workshops can be used to draw in wider stakeholders)
- It is expected that membership may change as the priorities of the partnership evolve.

Proposed Membership of the Strategic ICP

Core Statutory members

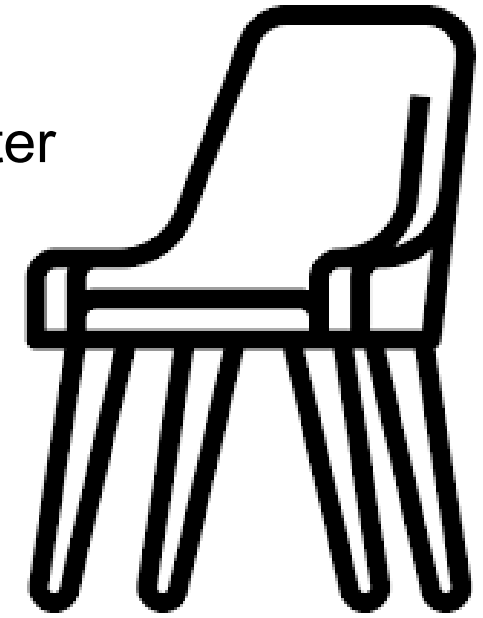
Sector	Proposed member	members
ICB	All Executive directors, non-executive directors, partner members and participants	26
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member) Plus one lead officer	26/28
	Total	52/54 (min)

Stakeholders who must be involved (not necessarily as full members)	
HealthWatch	Representatives from the ICS HealthWatch Network
VCSE Sector	Representative from the ICS VCSE Partnership or other VCSE providers
Clinical Leadership	Including primary, community and secondary care
Local Authority Social Care	Directors of Adult Social Services (ADASS) Directors of Children's Services (ADCS)
Local Authority Public Health	Directors of Public Health

Other optional members	
Economic Regeneration	Combined Authorities or Local Authority Economic Regeneration Directors network
Combined Authorities	Managing Directors from Tees Valley and North of Tyne
Housing Sector	E.g. the North East Housing Consortium
Police	One or more reps from our four Police forces
Fire & Rescue	One or more reps from our five Fire and Rescue Services
Education sector	Representatives from the schools, FE and university sector

ICP chairing arrangements

- ICB and local authorities are to jointly select the ICP chair and define their role, term of office and accountabilities.
- The ICB and ICP chairs could be separate or the same –separate chairs may help democratic representation, while the same chair may help co-ordination
- Selection criteria for the ICP chair could include: able to build and foster strong relationships in the system, a collaborative leadership style, commitment to innovation and transformation, expertise in delivery of health and care outcomes, ability to influence and drive delivery and change.
- There is no prescribed appointment process or national policy on remuneration.



Proposed role of our Integrated Care Partnerships

1 Strategic ICP (North East and North Cumbria)	4 Area ICPs
• Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined)	• Based on existing geographical groupings • Would meet more frequently • Membership from ICB place teams, local authorities, foundation trusts, primary care networks
• Main role to sign off the ICS-wide **Integrated Care Strategy** • This strategy will build on the analysis of need from the four Area ICPs – and the Joint Strategy Development Group • Will promote a multi agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our 3M population • Will also consider health inequalities, experiences and access to health services at this same population level • Will champion initiatives involving the NHS's contribution to large scale social and economic development	• Key role in analysing & responding to need from each of its constituent places (using the HWBB-led JSNA process) • Developing relationships between professional, clinical, political and community leaders • A forum to agree shared objectives and joint challenges • Sharing intelligence & removing duplication to ensure the evolving needs of the local population are widely understood • Evaluating the effectiveness and accessibility of local care pathways • Translating local health and wellbeing strategies and the Integrated Care Strategy into activity at the ICS Area level

Possible Membership of the 4 Area ICPs

Sector	Proposed member
Intgerated Care Board	ICB Executive Director of Place-Based Delivery ICB Place directors, and Directors of Finance, Medical and Nursing
Local Authorities	Leaders/Lead Members from each LA Health and Wellbeing Board chairs Potentially one lead local authority chief executive
Foundation Trusts	Chairs and one or more Chief Executives from the Acute and Mental Health FTs in that Area.
Primary Care	Primary Care Network Clinical Leads
Voluntary Sector	Representatives from each local authority area (e.g., the local voluntary sector infrastructure organisation)

Questions and feedback

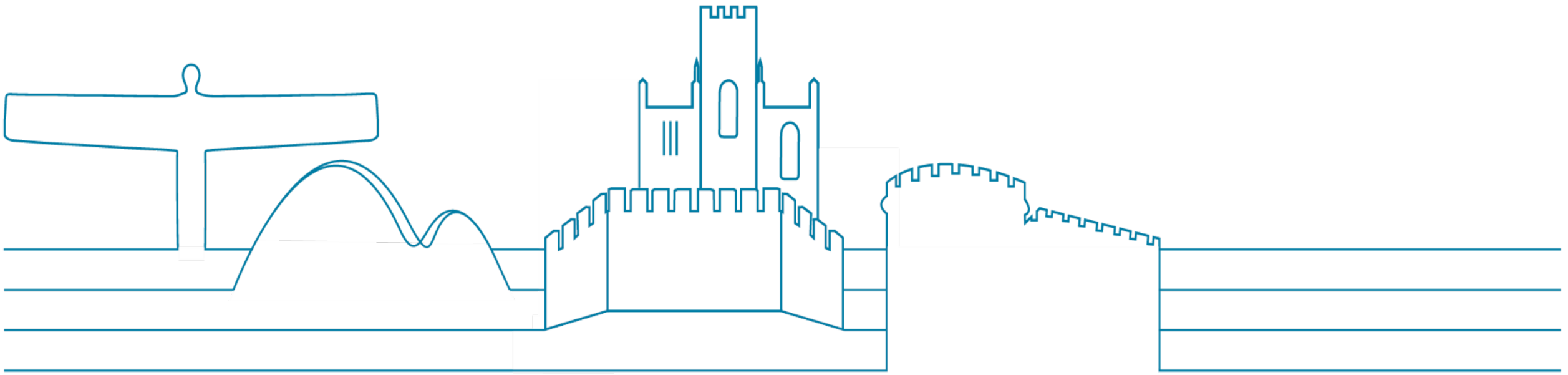
Key themes

- Clarity of the proposed operating model (roles for the Strategic ICP and 4 Area ICPs)

For those Strategic and Area ICPs:

- Views on any additional members from other key sectors
- Preferred chairing arrangements – e.g., an elected member

Next steps in implementation: ICP roadmap



Key next steps

- Confirm arrangements between the statutory NHS and local authority partners as to how the ICP's secretariat will be resourced.
- Propose a second meeting of the ICP in December to approve the Integrated Care Strategy, then agree a regular schedule of meetings
- Agree a process for appointing an Integrated Care Partnership chair, with recommendations at our next meeting

Next steps on the development of Area ICPs

- The ICB's Executive Directors of Place Based Delivery, working with the local authority CEOs in their area, will convene their Area ICPs
- Following your feedback today we will share a standard TOR and suggested membership for these Area ICPs for local completion
- This will then be reviewed by each Health and Wellbeing Board in that Area, submitting comments back to the Exec Directors of Place
- Nominations for Area ICP chairs to be then sought
- First Area ICPs to meet in November (TBC), where chairing, TOR and meeting schedule will be agreed.
- This will then be ratified at the next Strategic ICP meeting in December (TBC)

This page is intentionally left blank

healthwatch

Experiences of Dental Care Services

March 2020 - January 2022

February 2022

Contents

Executive summary

This report is the collation of identical surveys of the public undertaken by eight local Healthwatch in North East England from late November 2021 until early January 2022 to discover their experiences of accessing and using NHS dental services.

During the same period, the local Healthwatch volunteers contacted dental practices in their catchment, with a series of questions, to understand the availability of services.

The results of both the public survey and the dental practices survey for each local Healthwatch have been combined to give a region-wide summary which is reported here.

The report concludes with next steps.

Introduction

The COVID-19 crisis has affected many areas of the NHS. One significant issue that local people have raised is about access to dental care.

Data from the Department of Health, highlights that almost 1,000 dentists working in 2,500 roles across England and Wales left the NHS last year (source: BBC News, January 2022 https://www.bbc.co.uk/news/uk-59874320). This is having an adverse impact on members of the public being able to see a local dentist for both regular check-ups and where emergency treatment is needed. Not only has this been frustrating, but many people have been left in pain or discomfort as a result. Some Individuals have been offered the option of having private treatment, but this is not affordable for many.

Without an improved access to NHS dental care, not only do people risk facing greater dental problems in the future, but it also puts pressure on overstretched hospitals and GPs. Untreated dental problems can lead to pain, infection and the exacerbation of other health conditions such as heart and lung disease and stroke. This national picture is echoed in the North East of England, and Healthwatch teams have seen a significant increase in people's concerns around seeing a dentist. Throughout 2020 and 2021 the eight local Healthwatch (LHW) organisations in the North East involved in this report were receiving feedback from the public that accessing NHS dental services was very difficult, whether registering with an NHS dentist, getting treatment or even getting treatment at a dental hospital. It also appeared that, even prior to Covid, NHS dentists were only funded to cover 50% of the population. With the need to now have lull time in the consulting room between patients due to Covid safe guidelines there is no longer the capacity within the system to meet this target, let alone deal with the backlog of appointments that didn't go ahead due to the lockdown. Following an initial meeting between Healthwatch Northumberland, Healthwatch North Tyneside, Healthwatch Newcastle, Healthwatch Gateshead and Healthwatch South Tees the opportunity to work collaboratively with Local

Healthwatch partners across the North East was offered to all LHW as collectively we agreed that there is a need for better access, but it needed surveying and reporting both locally and on a regional basis. Three other LHW joined the group: Healthwatch Hartlepool, Healthwatch Stockton-on-Tees and Healthwatch Darlington.

These eight teams from the North East and North Cumbria Healthwatch Network agreed to undertake a joint project to understand the concerns of their respective local communities.

Participating North East and North Cumbria Network Healthwatch Teams			
Gateshead	Stockton	Darlington	South Tees
Hartlepool	Newcastle	Northumberland	North Tyneside

Aim of study

To determine whether accessing NHS dental services is being raised by a small number of people having a problem or whether it is a more widespread issue.

If it is a widespread issue, then to use our findings to:

- Influence the North East and North Cumbria Integrated Care System (NE&NC ICS), local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).
- Support improved information for patients regarding NHS dentistry.

Methodology

Our approach was based on the collective agreement of the eight local Healthwatch detailed in the 'Introduction' section, above. Each local Healthwatch created their own report highlighting feedback from their respective local communities. These can be found on their respective websites.

Healthwatch Northumberland coordinated the project and have produced this combined report, which will be shared with the NE&NC ICS and Healthwatch England. Each local Healthwatch will be responsible for discussions with their own local providers where appropriate.

Survey for members of the public

An online and paper survey which focused on trying to get treatment, experiences of treatment and asks about NHS and private treatment was launched on 29th November 2021. It was distributed through local Healthwatch networks online, at planned engagement events, and with partners. The closing date for the survey was 7th January 2022.

Survey participants were invited to take part in one or more of five sections of the survey which were:

1. finding a dentist,
2. routine check-ups,
3. appointments for minor issues,
4. urgent appointments, and
5. treatment at a dental hospital.

We asked about experiences happening throughout the COVID-19 pandemic period commencing March 2020, to early January 2022. The questions were drafted by Healthwatch North Tyneside, agreed with the collective eight local Healthwatch teams, and tested with volunteers.

A total of 795 people took part in the Local Healthwatch surveys.

Survey for local dental practices

During the same period, November 2021 to January 2022, our volunteers contacted local dental practices, with a series of questions, to understand the availability of services.

The questions were drafted by Healthwatch Northumberland, agreed with the collective eight local Healthwatch teams, and tested with our volunteers.

36 dental practices responded to our volunteers.

Public information campaign

The collective Healthwatch involved worked with Local Dentist Committees and the commissioners (NHS England) to develop an information campaign to inform people about getting dental care. Work on this campaign began in December 2021 and North East Healthwatch teams produced a 'myth busting' leaflet, dispelling the most common rumours relating to NHS dentistry. It gives the facts about being registered with a practice, why you may be offered a private appointment, capacity for routine appointments, and what constitutes emergency care. The leaflet can be accessed here: Dental Myth Busting

Survey findings

Survey findings: Members of the public

A total of 795 people took part in the local Healthwatch surveys.

All responses related from experiences happening currently, to experiences which have been ongoing since 2020.

Participants were invited to take part in one or more of five sections of the survey.

1. 52% (413) told us about finding a dentist.

   The majority of respondents found it very difficult to find an NHS dentist across the region (Figure 1) despite some people being willing to travel some distance.

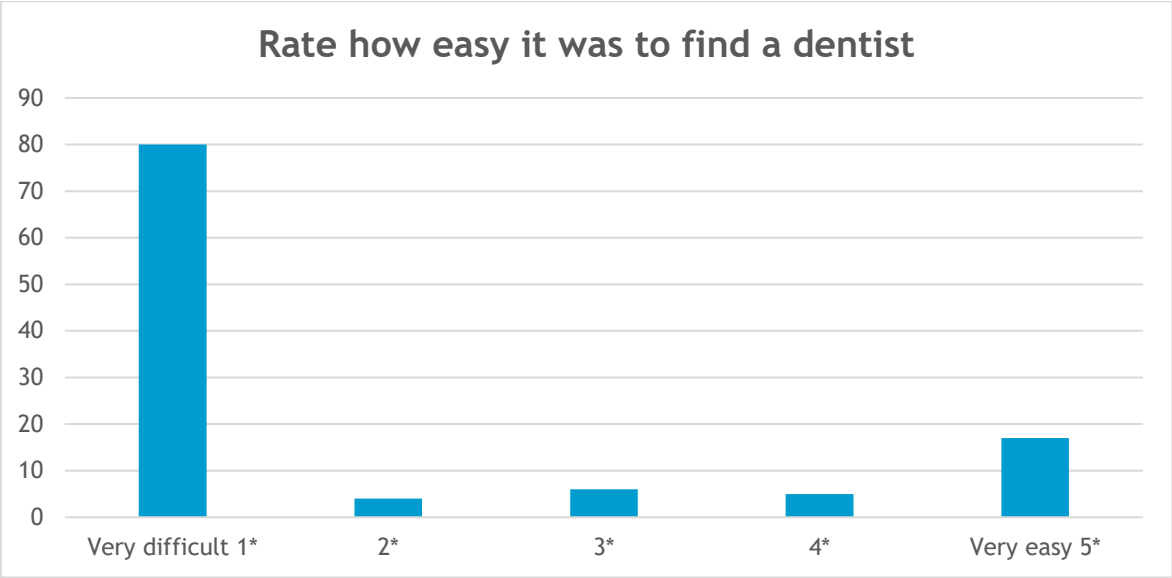


Figure 1.

In the main, urban based respondents had to travel 4-5 miles to find a dentist, with some being prepared to travel significantly further.

One respondent from Healthwatch (HW) Hartlepool reported travelling a 70-mile round trip to Newcastle to be seen.

"I live in Middlesbrough but willing to drive around to get seen - phoned Stockton, Billingham, Hartlepool, Redcar, Yarm areas" HW Stockton-on-Tees respondent.

Respondents living in Northumberland had substantially longer journeys to make due to the rurality of the county.

"No available dentist, was advised I would have to drive for about 1 hour to get to a dentist" HW Northumberland respondent.

Respondents tried multiple avenues of enquiry to try to find a dentist (Figure 2) with the NHS Choices website receiving lots of criticism that it wasn't up-to-date and when respondents phoned practices that were shown as taking NHS patients they were told that there was a long waiting list – sometimes up to year.

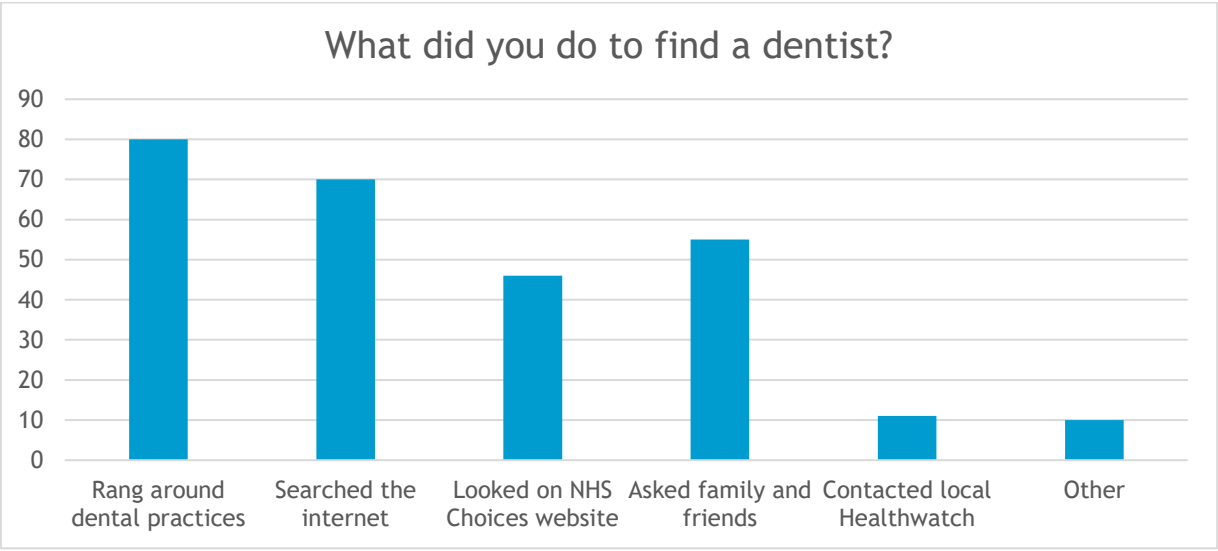


Figure 2.

63% of all respondents were looking for a dentist due to having a particular issue and just over two thirds of all respondents (68%) failed to find a dentist to meet their needs.

Half of our respondents tried other avenues of approach to get advice on dental care as shown in Figure 3 but overall finding a dentist to treat you on the NHS remained very difficult.

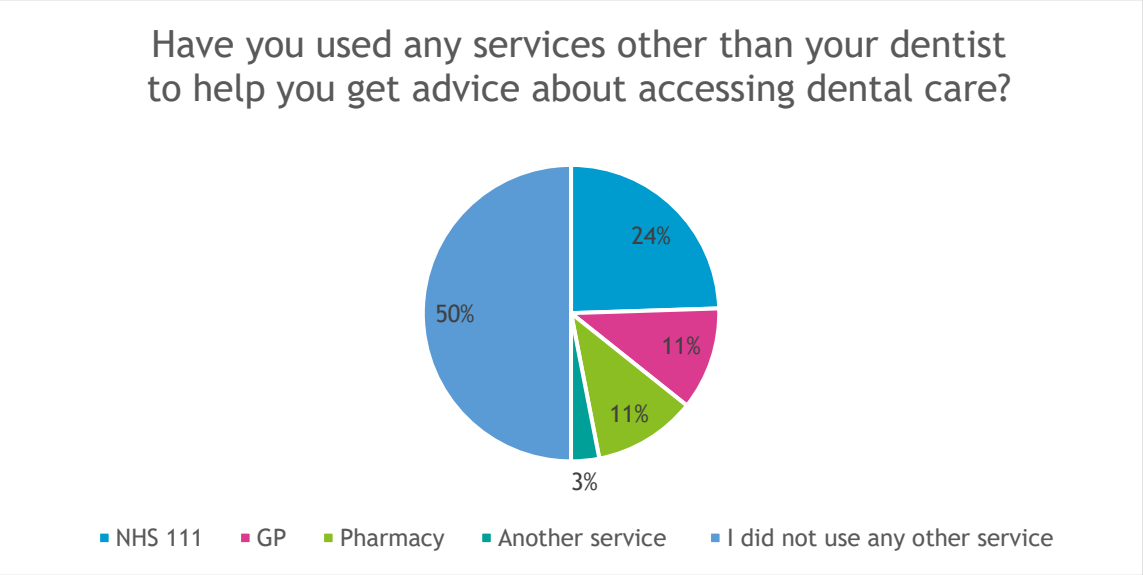


Figure 3.

2. 39% (312) told us about routine check-ups.

There was a roughly even split between respondents finding it difficult or very difficult and finding it easy or very easy to get a routine check-up (Figure 4).

Figure 4.

Just under half of all respondents were happy with the length of time they had to wait for an appointment (Figure 5) despite over three-quarters of the respondents having to wait for more than a month to be seen (Figure 6). Rather shockingly, almost a quarter of respondents were still waiting to be seen for a routine check-up.

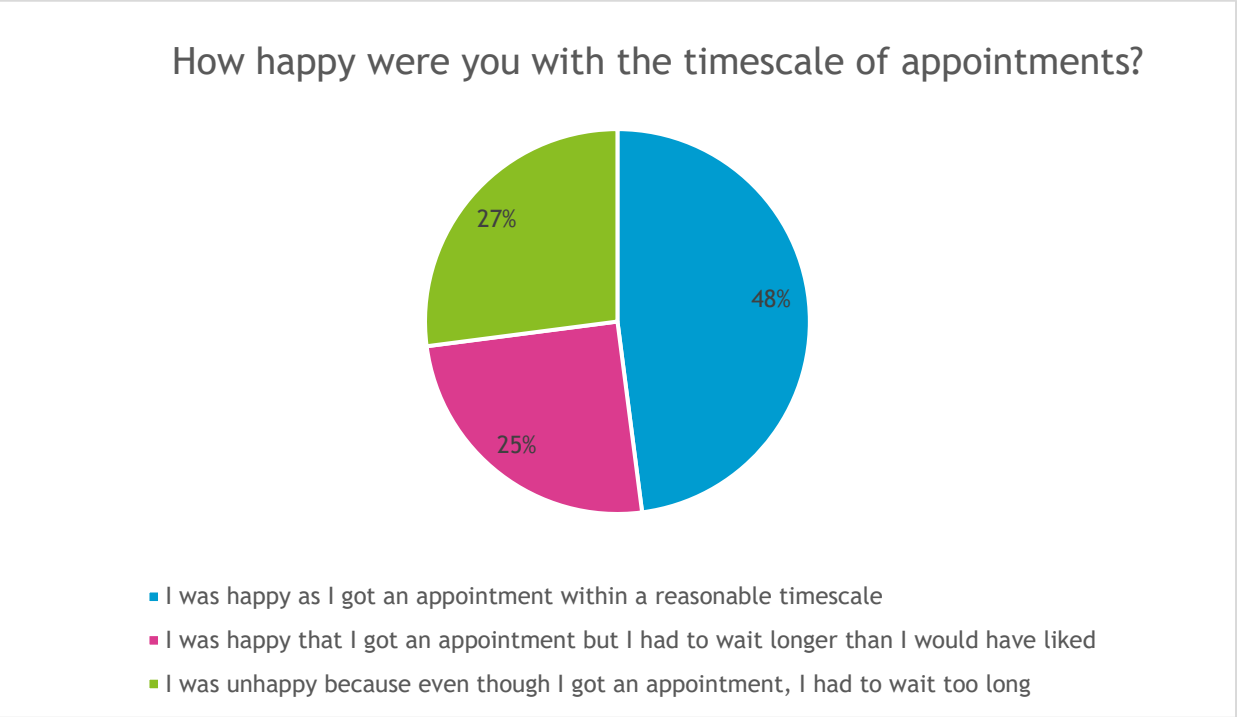


Figure 5.

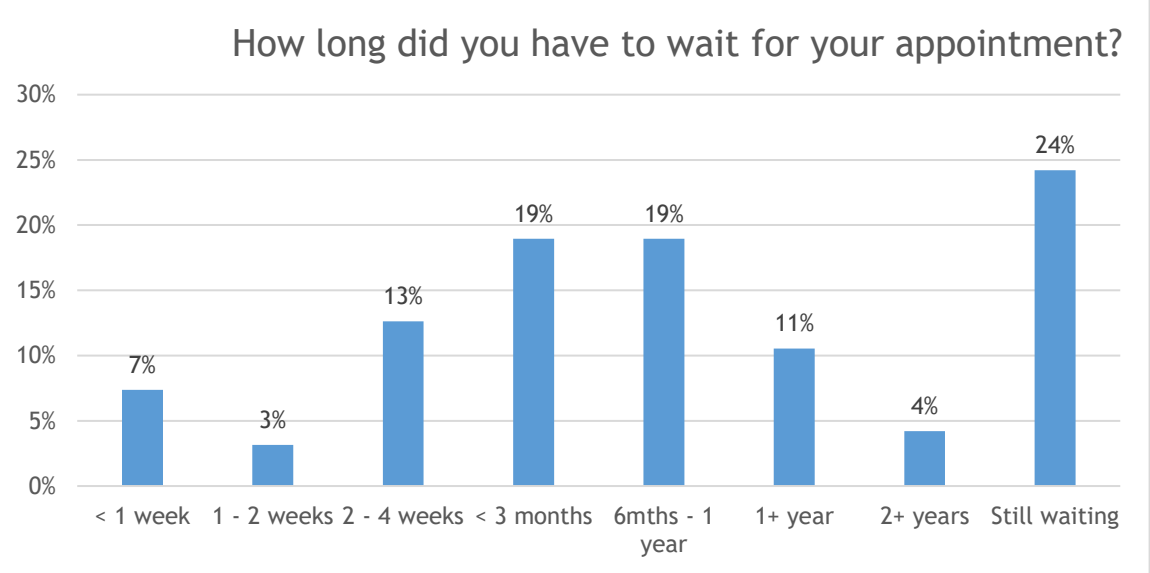


Figure 6.

"I would just like to have my routine check-up; it has been over 3 years since my last appointment" HW South Tees

The vast majority of these experiences were with the same dentists the respondents had used prior to the start of the pandemic (87%).

We also asked whether since March 2020, they had to seek private dental care for a check-up because they couldn't get an NHS appointment. Again, the vast majority said 'No' (94%) but there were 6% of respondents who had had to use private dental care.

Lastly, for this section of the survey, we asked whether there was anything that could have improved their experience of getting a check-up appointment. The most common comments were along the lines of *"Actually getting an appointment"* and calls for more dentists, but there was a strong perception that private patients were getting prioritised. There were plenty of suggestions to improve the booking system, too.

"Being able to book dentists on-line instead of having to call loads of numbers to receive the same message, 'no NHS patients only private'. Which I don't understand as there must be space if this is what is being offered." HW Hartlepool respondent.

Better communication and not having last-minute cancellations were other areas of improvement suggested

"My routine check-up was planned for March 2020 but was cancelled due to the pandemic. My dentist advised it would be rearranged once restrictions allow. I am still waiting to be contacted. Every time you call the automated voice message tells you that you will be booked back in when able. I appreciate there will be a backlog but there is no communication." HW Stockton respondent.

"Some up to date information and reassurance that I'm still registered with them" HW South Tees respondent.

"Apart from actually getting an appointment, it would have been helpful to know what time scale we are looking at for gradually catching up with cancelled appointments!" HW Northumberland respondent.

"Should have restarted appointments once they had the capacity. Used their text service to inform people that this had happened and would be contacted in due course and that you would not be taken off the books." HW Hartlepool respondent.

3. 11% (87) told us about appointments for minor issues.

Similar to booking a routine check-up there was a roughly even split between respondents finding it difficult or very difficult and finding it easy or very easy to get an appointment for minor issues, although there was more of a veering towards it being more difficult (Figure 7).

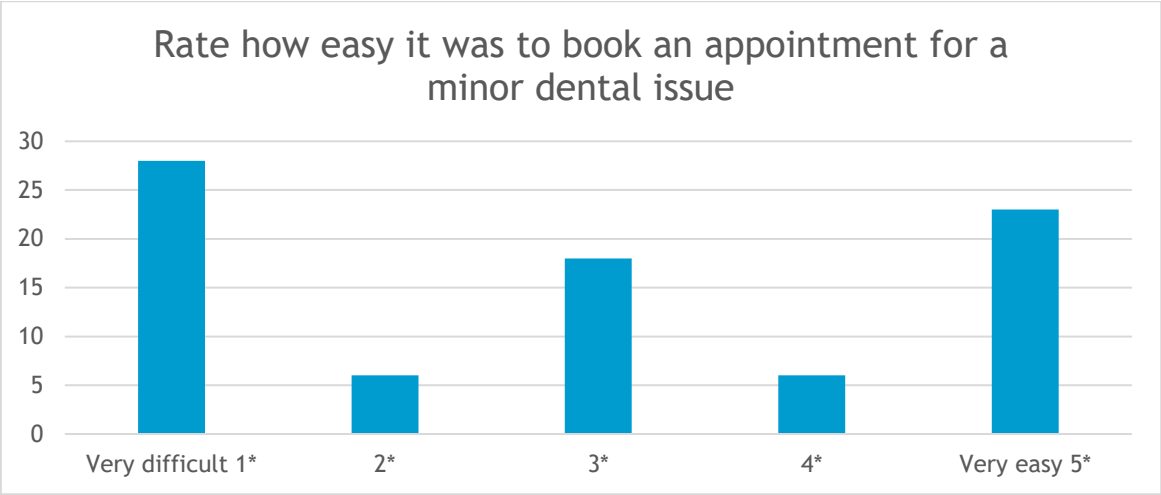


Figure 7.

Respondents were generally needing fillings, or replacement fillings, and help with broken or chipped teeth in this section of the survey. Some respondents were pregnant women with bleeding gums.

Again, the length of time to wait for the appointment was an issue (Figure 8) with 57% feeling they had to wait too long for an appointment. Again, despite them needing actual treatment, there is a shockingly large proportion who are still awaiting an appointment – almost 1 in 5 respondents. One person has reported waiting over two and a half years. (Figure 9).

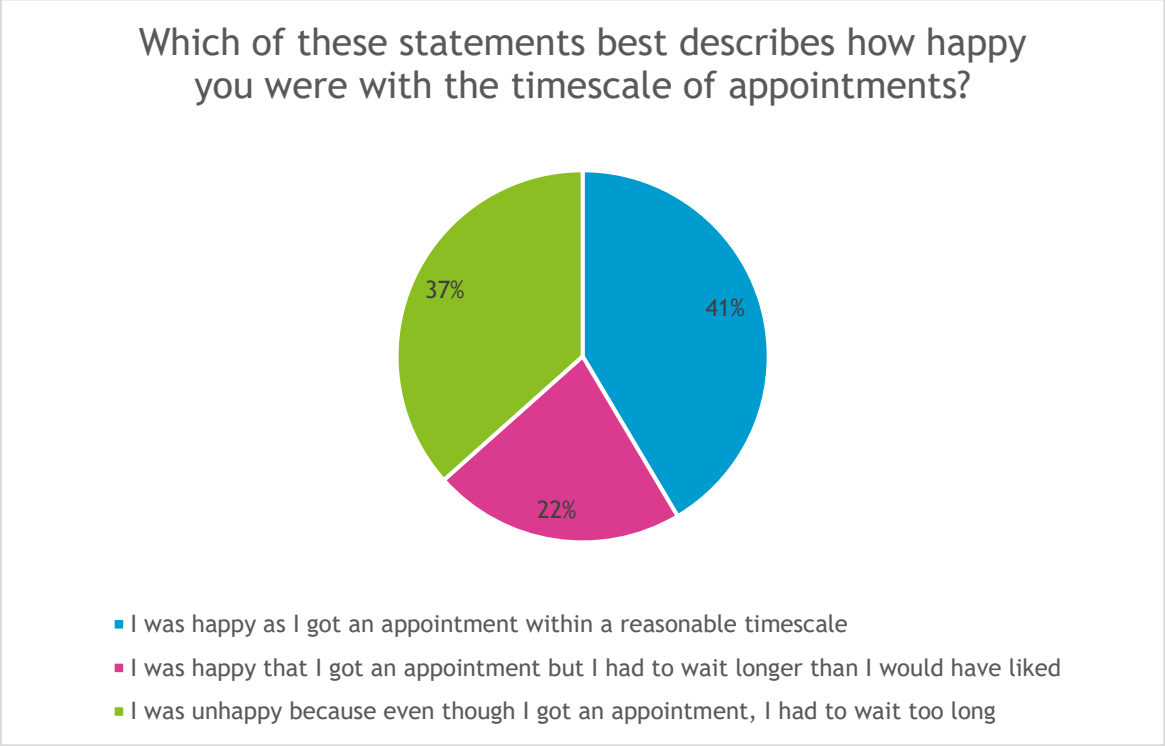


Figure 8.

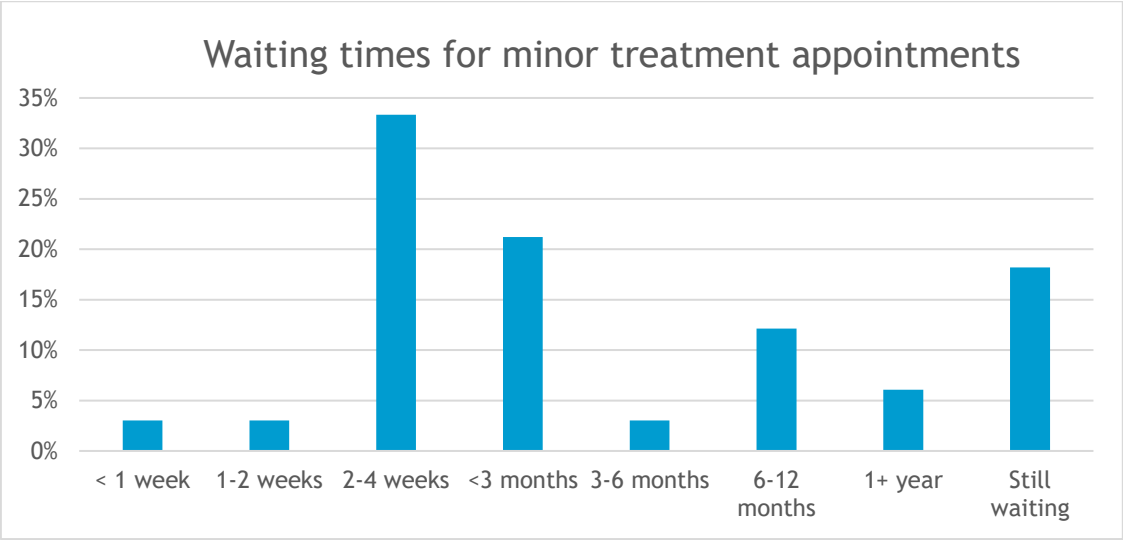


Figure 9.

Nevertheless, when asked to rate their overall experience of getting an appointment for minor treatment the sentiments leant more to being pleased with the services they received (Figure 10).

"My dentist has been great once I could actually start having the appointments. I needed 4 fillings and 3 crowns, but this work should hopefully be finished by Christmas." HW Northumberland respondent.

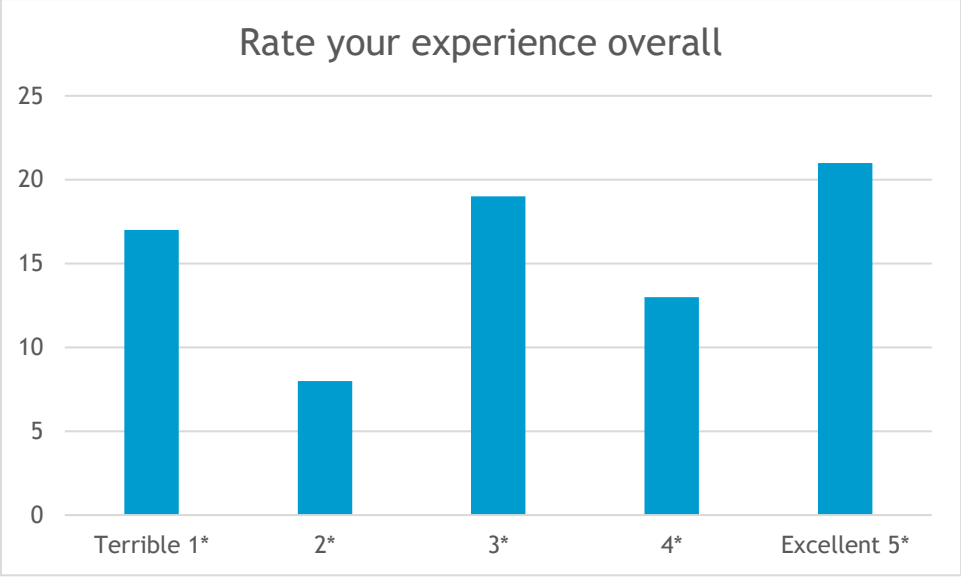


Figure 10.

Like before, the vast majority of these experiences were with the same dentists the respondents had used prior to the start of the pandemic (91%).

We also asked whether since March 2020, they had to seek private dental care for minor treatment because they couldn't get an NHS appointment. Again, the vast majority said 'No' (96%) but there were 4% of respondents who had had to use private dental care.

Lastly, for this section of the survey, we asked whether there was anything that could have improved their experience of getting an appointment for minor treatment.

"Getting appointments quicker", "more dentists", "a better booking system" and "better communication" were the most common themes again. There were some comments about the customer service approach of some of the staff as well.

"A more courteous approach from the dentist.", "Better trained and more empathetic receptionists instead of cold and rude" HW North Tyneside respondents.

"Better understanding of needs of disabled children attending practice" HW Gateshead respondent.

The perception that private appointments were being prioritised didn't feature that much in this section.

4. 12% (98) told us about urgent appointments.

In this section of the survey, it was, again, a roughly even split between very difficult and very easy to book an appointment with a slight preference towards being easier (Figure 12).

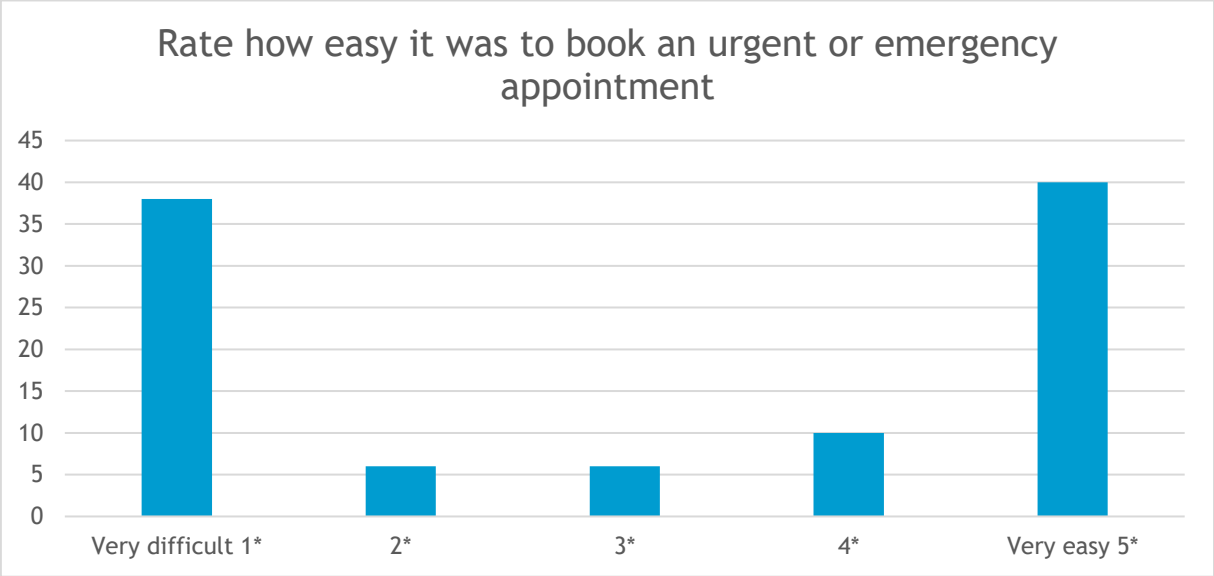


Figure 12.

In this section of the survey almost all patients were in pain, with half the patients in severe pain, and only a tiny percentage were urgent or emergency appointments for another reason (Figure 13).

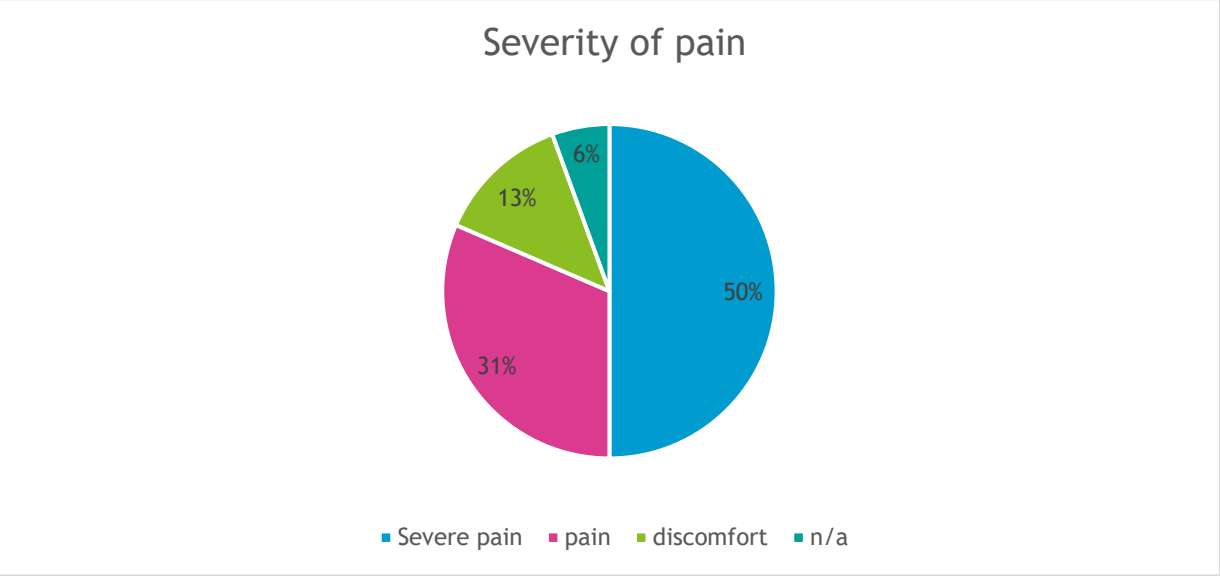


Figure 13.

Due to the level of pain involved appointment waiting times were much more satisfactory with just over half of respondents feeling happy with the length of time to get an appointment (Figure 14). However, just under half weren't happy and looking at the waiting times reported (Figure 15) it shows that some people had to wait for more than two days. HW Northumberland reported someone having to wait for 6 weeks for their urgent appointment and HW Darlington reported that some "*still haven't got an appointment or way forward for treatment for what they consider to be an urgent issue*."

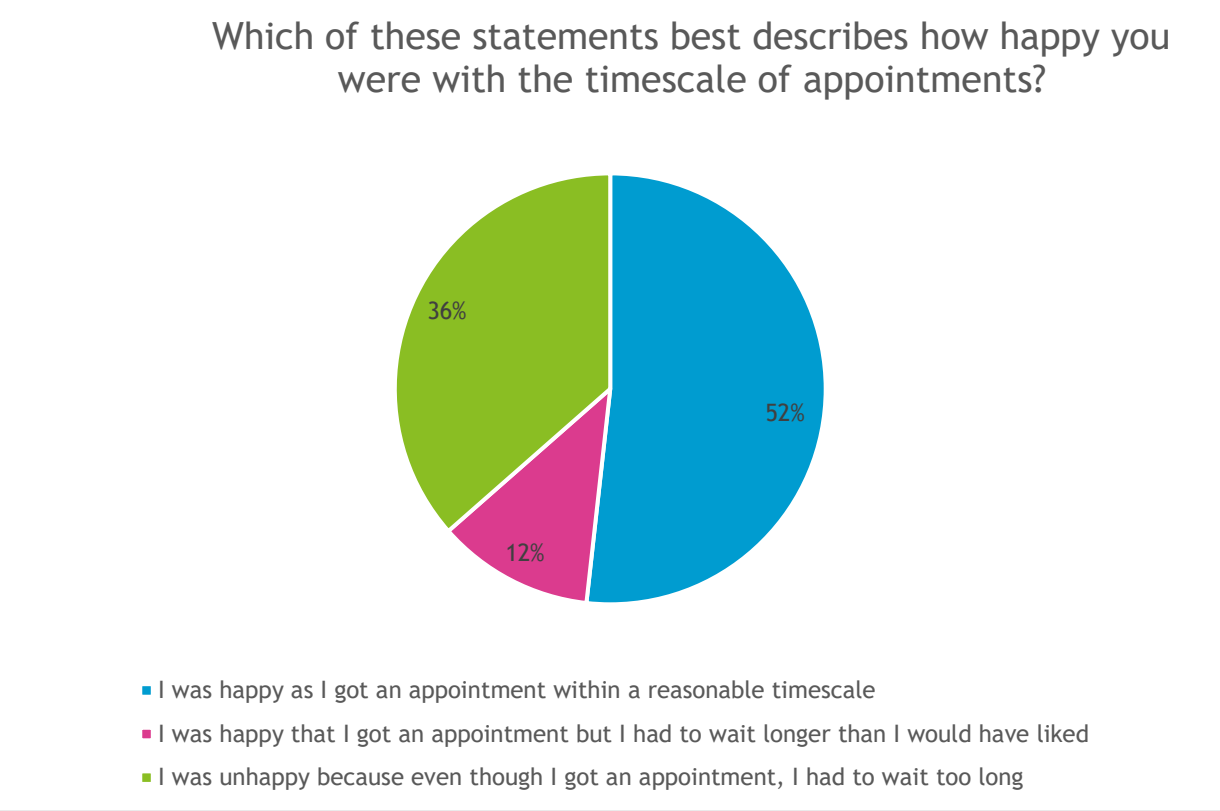


Figure 14.

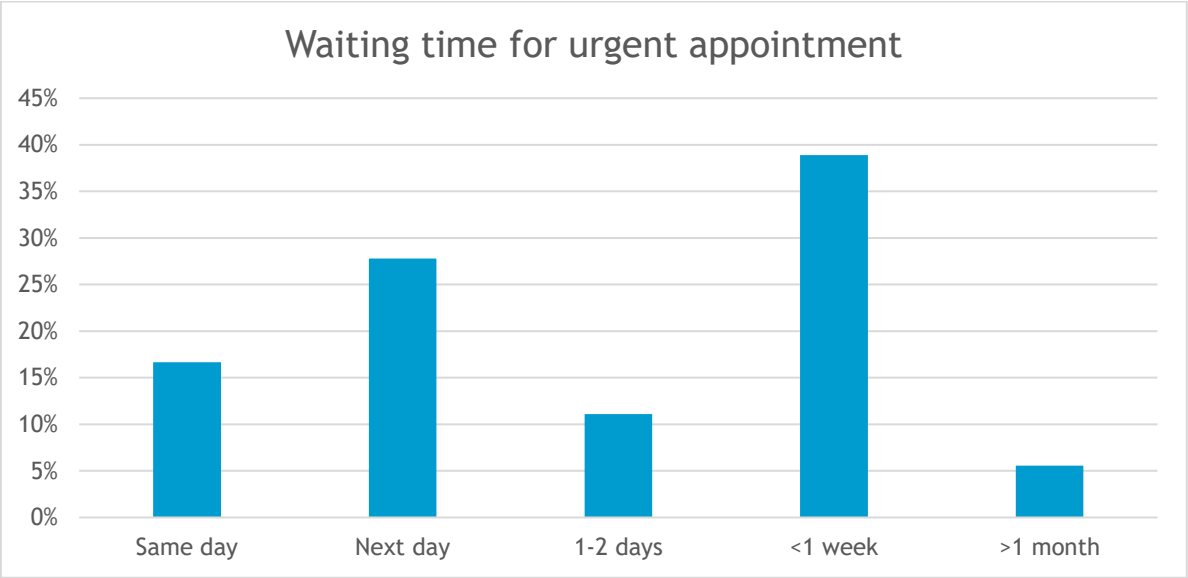


Figure 15.

The majority of respondents in this section reported that they received no self-help advice for their urgent issue whilst waiting (57%) and just over half were given clear information about who to contact and what to do if the situation got worse (51%).

Also, the impact of delays for minor treatments was captured in this comment,

"I saw emergency dentist next day after using online 111 service, resulting in an extraction, it may not have had to come to this if I had seen my dentist and been treated for an abscess and infection sooner, but I could not get an appointment despite describing symptoms and pain." HW Stockton respondent.

This showed in the overall satisfaction ratings with more responses being towards the unsatisfied end of the scale (Figure 16).

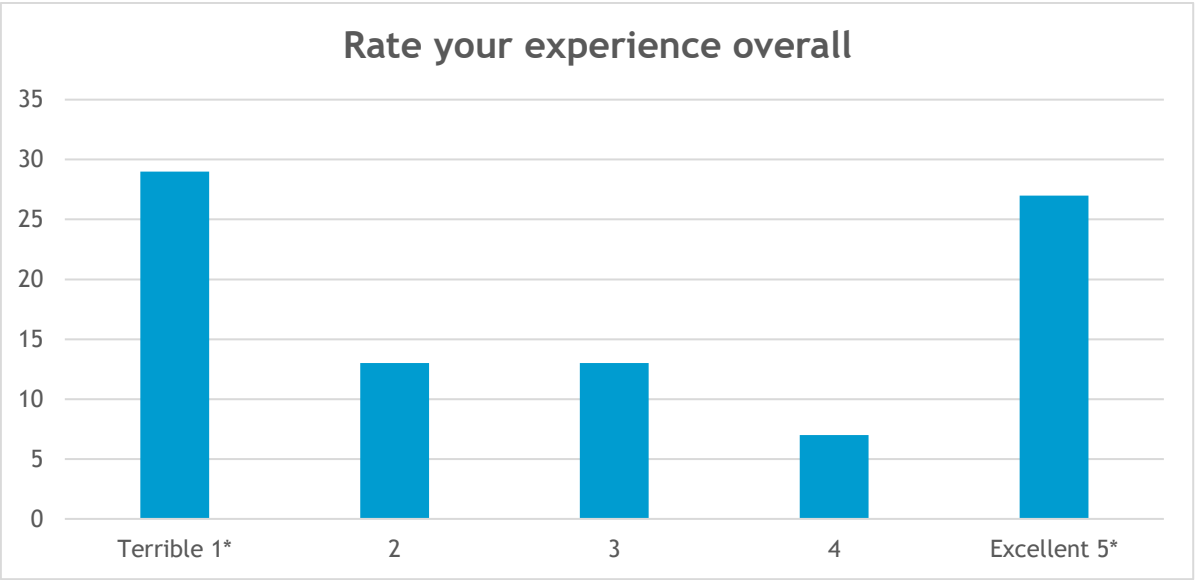


Figure 16.

We then asked whether they had accessed any follow up treatment and the majority said 'No'. However, almost a third of those who said no were unable to get follow up treatment despite needing it (Figure 17).

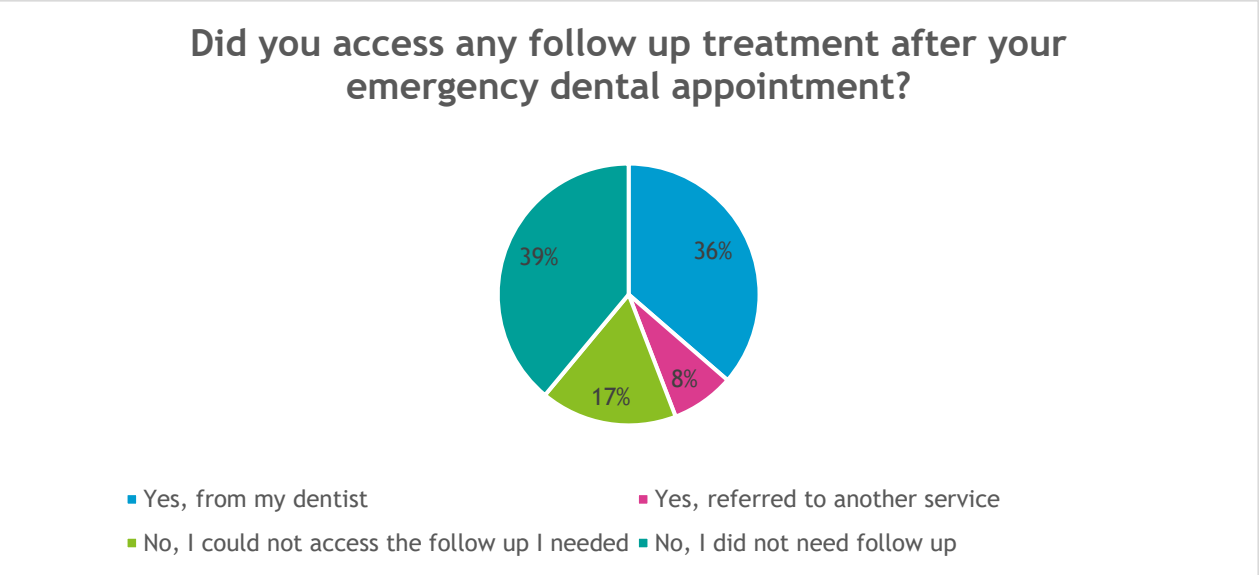


Figure 17.

Again, the substantial majority of patients remained with the same dentist they had used before for their emergency treatment (81%) although the proportion who answered 'No' to this question (11%) was greater than in previous sections.

We also asked whether since March 2020, they had to seek private dental care for urgent treatment because they couldn't get an NHS appointment. Again, the majority of respondents said 'No' but 15% said 'Yes', which is much more than in previous sections of the survey. Also, 23% of respondents in this section had called NHS111 for emergency dental care since March 2020.

In terms of what improvements could be made to their experiences of urgent medical care availability of appointments and speedier treatment came up strongly.

"Not having to wait so long that the problem escalated. Alternate access to emergency appointments." HW Darlington respondent.

The manner of the staff came up again as a concern,

"Dentists (and Doctors) being a bit more humane and realising they are a service provider." HW South Tees respondent.

"It was just the attitude that was difficult to deal with when you are in severe pain. If you can't be helpful, just say so nicely there is no need to have such attitude to people who are asking for help." HW Darlington respondent.

"Rude receptionist" HW North Tyneside respondent.

Cost was also a concern.

"Improve appointment system. I ended up going into debt to pay for private care." HW Gateshead respondent.

There were several positive views though which shows some dental practices were getting it right.

"I was very impressed by the level of covid security at the time, plus their willingness to get me in for the help I needed" HW South Tees respondent.

"No, my dentist is very good." HW Stockton respondent.

"Prompt dental treatment as I wanted this issue resolving before the Festive Period" HW Hartlepool respondent.

5. 2% (16) told us about treatment at a dental hospital.

(Note: the sample size for this section of the survey is very small and results should be treated with caution, particularly as several LHW had no responses for this section.)

On the whole respondents found it easy to access treatment at a dental hospital (Figure 18).

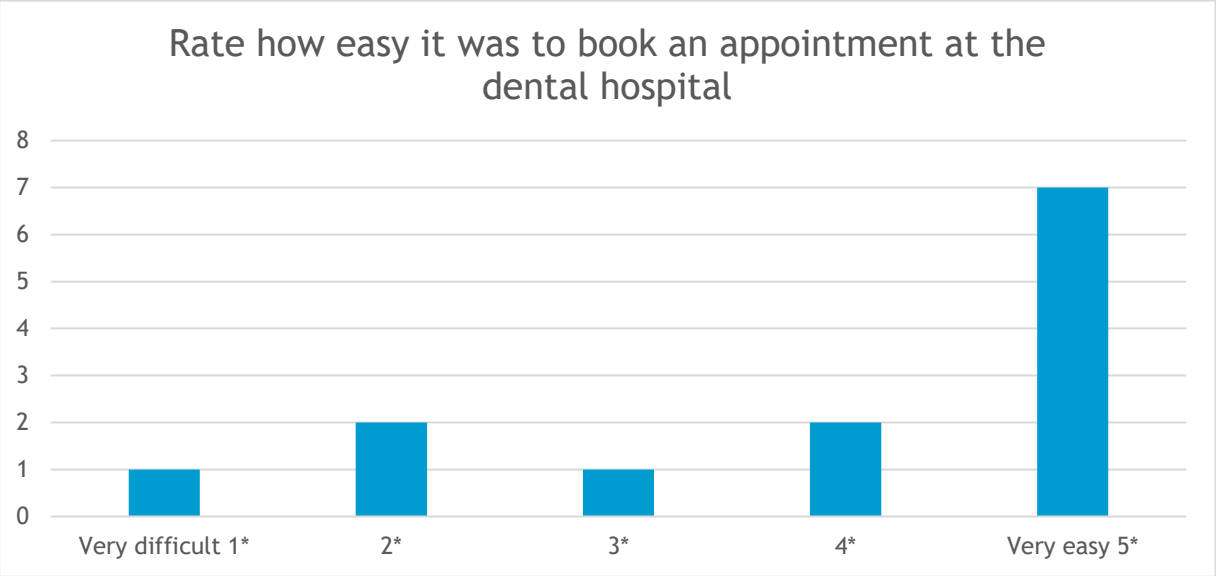


Figure 18.

This came out in the satisfaction levels of waiting times with almost two thirds of respondents being happy with their waiting times (Figure 19). (We received insufficient data on how long waiting times actually were to be able to report waiting times meaningfully.)

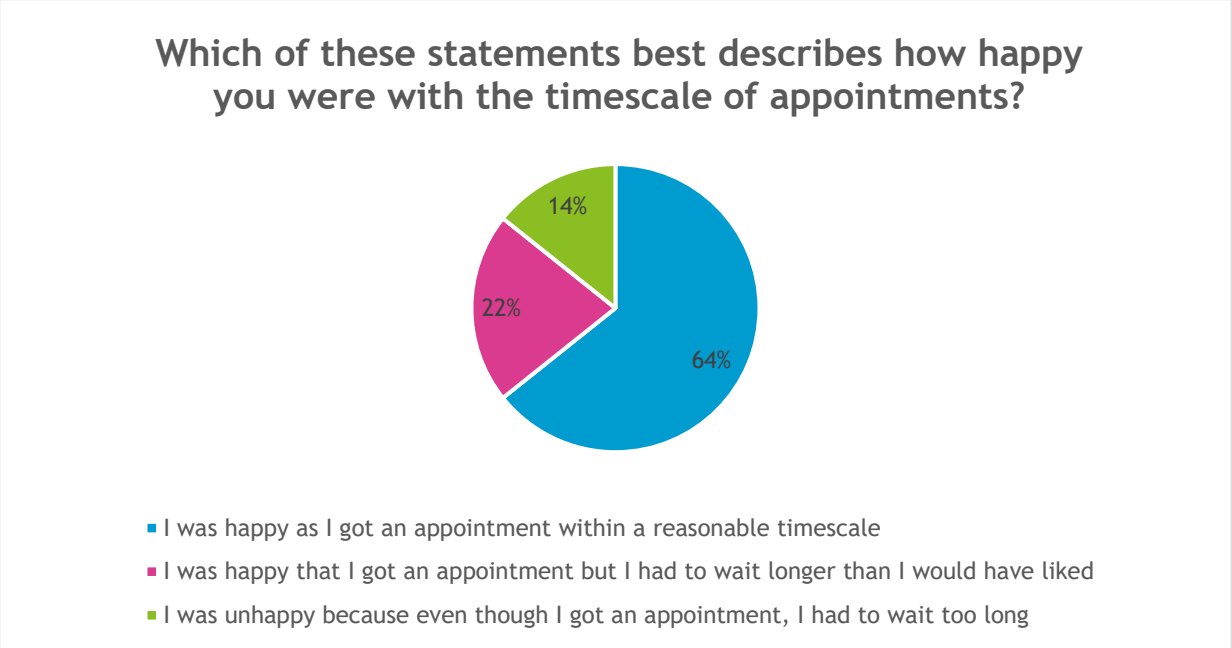


Figure 19

The majority of respondents were offered no self-help advice for their issue whilst waiting (56%) but almost threequarters of respondents were given clear information about who to contact and what to do if the situation got worse (73%).

Consequently, the overall satisfaction level was good (Figure 20).

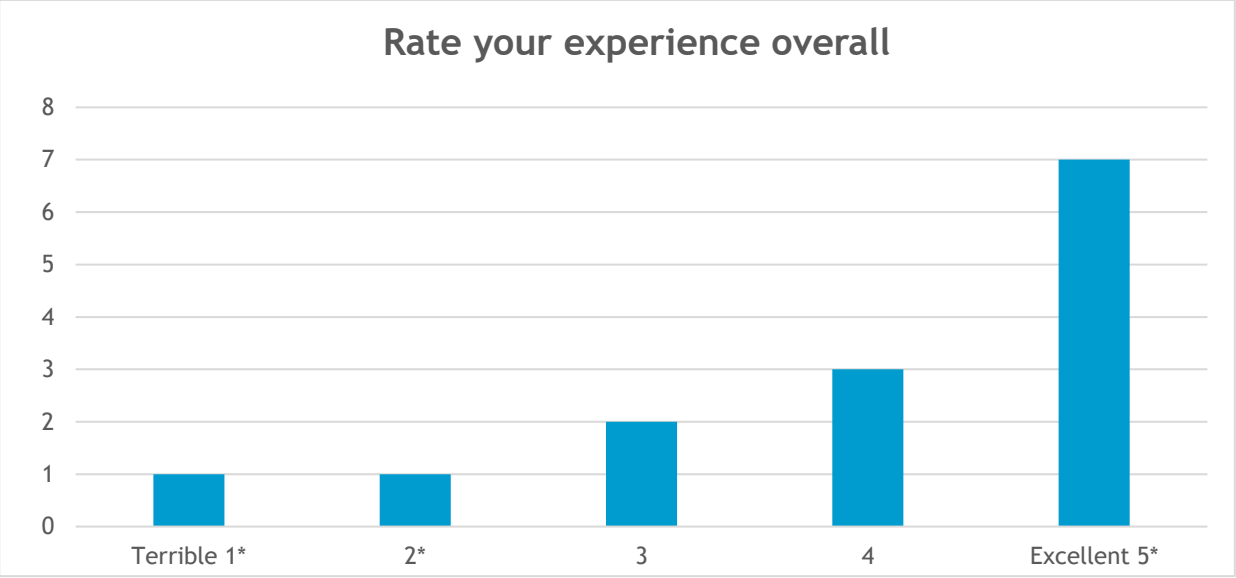


Figure 20.

Half of the respondents in this section accessed follow up treatment after their appointment at the dental hospital and the other half did not need follow up treatment. No one was unable to access needed treatment.

The vast majority were NHS patients with one respondent reporting they had been a combination of NHS and private.

There were only two responses to the question of what improvements could be made to their experiences of dental hospital.

"I have 3 children and my husband works away. It would have been more convenient for me if I could have attended my local trust South Tees for treatment. I had to involve other people to help with school runs during a pandemic which was a challenge at the time." HW South Tees respondent

"Empathy would be nice, but truth be told, there's not a genuine ounce of compassion left in this sector. Money is all that matters to Dentists." HW South Tees respondent.

Additional feedback

We asked at the end of the survey for any other comments, and we had 128 comments which broke down into the following sentiments (Figure 21):

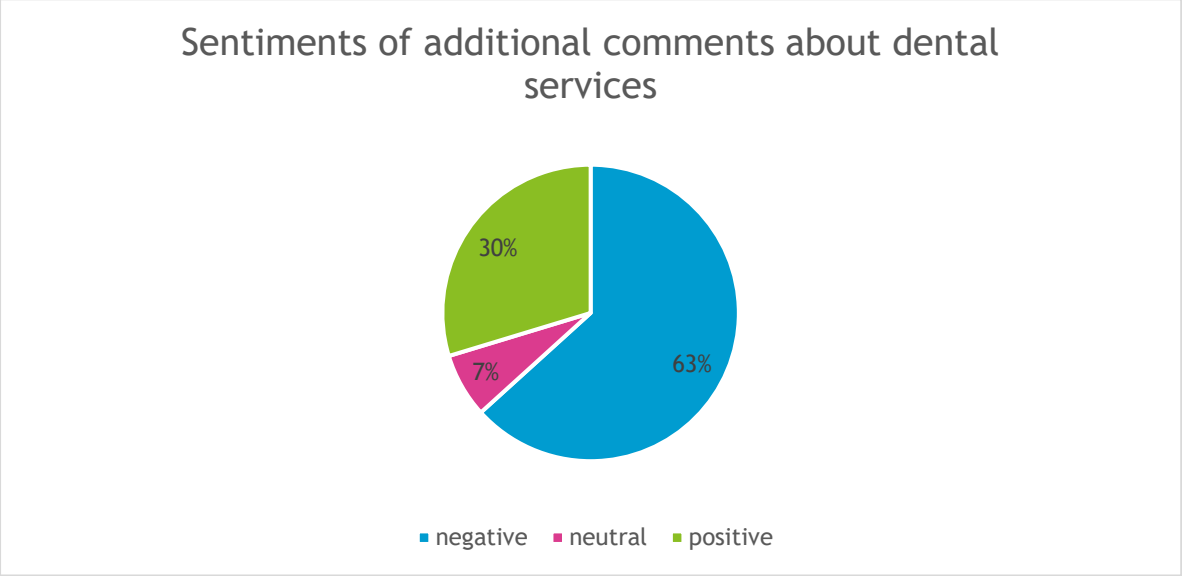


Figure 21.

Unsurprisingly there were very strong themes about finding a dentist, the apparent reduction in NHS dentists since the start of the pandemic and being seen in an acceptable length of time.

"There appears to be a shortage of local dental surgeries accepting NHS patients. Also, where patients are registered there is also a shortage of appointments. Even when an appointment is urgently required there is a necessity to wait. It appears that there only solution is to pay privately even with a surgery where you may be registered." HW Hartlepool respondent.

Cost is another big issue with many people feeling they are being pressured into going private if they want to continue having dental treatment.

"They need to be more accessible and affordable. I hadn't been for a while as I simply couldn't afford to pay. Now I'm left with no dentist" HW North Tyneside respondent.

"The cost of "NHS" charges now equates to dental plan charges so if you can afford dental treatment, you're likely to receive it." HW Northumberland respondent.

"If a practise will take on private patients (there is room for that) then why can't they take on NHS patients? Paying extra for the same level of care. Not acceptable." HW Hartlepool respondent.

"I am hugely concerned that my teeth have not been checked for 2 years. I have been going to that dentist for a few years now and have had no issues at all. But finding ANY emergency dental services in the past two years has been near on impossible. It feels like I am being pushed towards private care, which I cannot afford." HW South Tees respondent.

There were positive sentiments too. These comments were around the Covid-19 safety measures,

"Fast efficient and safe covid treatment."

"The Practice had put very safe covid measures in place and I felt safe and comfortable - I have been back for 2 check-ups and hygiene treatment since." Both HW Hartlepool respondents.

"[Dentist] has always been excellent for me and my family, even fitting my daughter in who'd been out the country for 7 years." HW Stockton respondent.

"Park Road are always very helpful, they do their best to make appointments to suit everyone to fit around work or family commitments." *HW South Tees respondent*

"No. I can only state again that I am very pleased" HW South Tees respondent.

"I am very happy with the service I've received from my practice since January 2021" HW Northumberland respondent.

Dental practices' survey

36 dental practices responded to our volunteers.

Just under half were accepting new NHS patients (42%).

Figure 22 shows the approximate waiting times for new NHS patients to get a routine appointment. The majority of patients should have to wait less than 2 months (64%) and 89% less than 6 months.

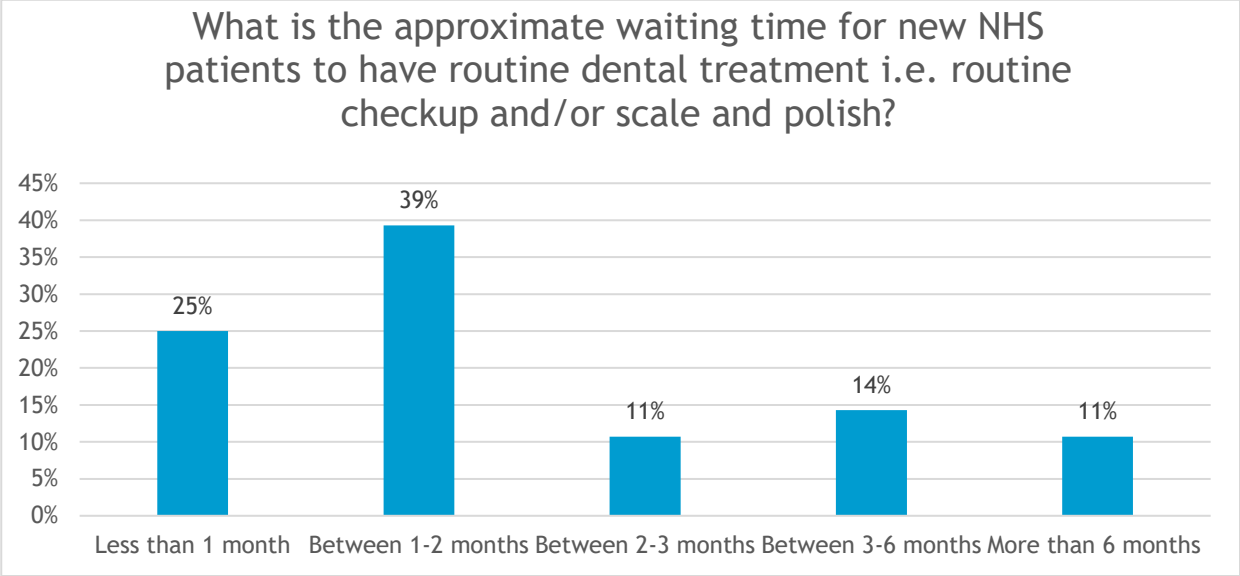


Figure 22.

The vast majority of dental practices ask about a patients' symptoms and/or pain levels before allocating an appointment (92%). Only 8% of dentists were allocating on a 'first come, first served' basis.

74% of practices were seeing private patients whereas only 24% were exclusively NHS patients.

HW South Tees reported that, *"One dentist has stopped seeing private patients to enable to get through the backlog of NHS patients."*

71% of practices offer private appointments if they have no remaining NHS ones left.

Figure 23 shows the approximate waiting times for new private patients to get a routine appointment. The large majority of patients should have to wait less than 2 months (86%) and all patients are seen within 6 months.

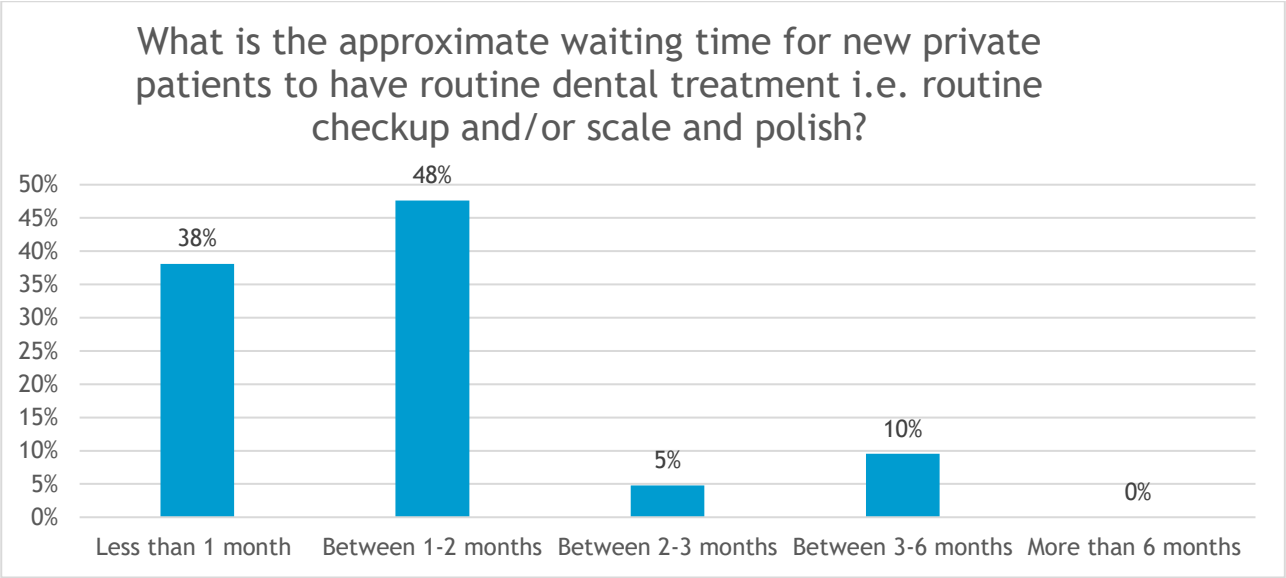


Figure 23.

Just over half of practices do not signpost patients to other dentists if they have no more NHS appointments left (52%).

In response to the question, "Has covid affected your practice at all?" HW Darlington's dental practices replied,

> *"Not at all."*
>
> *"Initially closed but caught up now."*
>
> *"Closed for three months, gave telephone advice, Opened at 40% capacity, now at 60% capacity."*
>
> *"Longer wait, used to be one month, now four to five month wait. Patients get frustrated and take it out on staff."*
>
> *"Hugely. Backlog of check-ups. Struck people off who hadn't been seen since 2017."*
>
> *"Extended opening times."*

HW Hartlepool's dental practices replied,

> *"Diaries are inundated with emergency/urgent appointments, some of whom have not attended in many years and have high dental needs. We are having to prioritise these over other patient appointments and recalls and as such there is a large backlog of patients to see putting pressure on the service."*
>
> *"We have been an Urgent Dental Centre during the pandemic, meaning we have been able to see non-registered patients in emergencies under the NHS. There has been dedicated time in our diaries for this. The private appointments we offer are outside of our NHS contracted hours or completed by dentists without an NHS contract at the practice."*

HW Northumberland's dental practices replied,

"Limited extent of treatments. Since Covid have to triage patients. If cannot offer appointment advise patient to contact 111 service"

"Cannot take on more NHS Patients."

"Grateful for receipt of free PPE."

"Before COVID could offer appointments within 2 to 3 days Now can only offer for emergency treatment. Less time for treatment of patients - more time spent on cleaning etc."

"New PPE and guidance; fixed period when unable to have patients in. This has changed as time moved on with reduced fallowed periods. Aerosol treatments lead to greater time to clean to safeguard patients and staff. Big gaps between treatments on occasions reducing numbers of patients seen."

"Considering employing an additional dentist.

"Difficult to give a service to everyone requesting treatment due to constraints imposed. Less time for patients more time on cleaning safeguarding etc. e.g. before covid the waiting time for an appointment was "a few days"- now can only offer emergency appointments. Have extended opening hours to cope with demand hence consideration of employing extra staff."

"Difficult. NHS practices finding difficulty to take on new patients due to the backlog currently.".

"Always take on a child if no NHS practice - high risk children and adults. New variants - 85% NHS targets in next 3 months - unachievable. NHS dental contract needs reviewing as unattainable."

"NHS put targets on us, dental activities. Though reduced, difficult to achieve due to restrictions of Covid - concerns about safety of your staff and patients. In Northumberland difficult to recruit new dentists due to rural area - shortage of practitioners - therefore difficult to cover the demand."

HW South Tees' dental practices replied,

"See approx. 5-6 emergency appointments per day due to cleaning etc. Prior to Covid was 40 appointments per day."

"Logistics of cleaning, fallow time, not having people in and out same time. We are back up to seeing 30-40 patients per day again as we did prior to Covid."

"Covid has massively affected how many people we can see. Our waiting room used to be packed, we used to see 25/30 patients and now its 7-10 due to cleaning and time needed for each appointment."

"Very busy trying to get through our backlog resulting from Covid, if people ring up and haven't been sent a reminder, we are booking them in to be seen."

Only one of HW Stockton's dental practices replied, but they summarise the whole situation for NHS dentists,

"Covid has been a nightmare. There are strict guidelines to follow so we are so far behind with appointments. All patients feel like they are a priority and everyone one of them is important to us. Patients who usually require very little treatment or cleaning now need intense cleaning due to the pandemic and delay to check-ups. Or patients who had a problem with a tooth are now suffering extra problems after having to wait so long. Also, when our staff are off sick or have to isolate it has a knock-on effect."

Demographics

Please see Appendix 1 for demographic breakdown.

Conclusions

The findings within this report highlight that whilst there are good experiences of dental care in the North East of England, general feedback indicates that staffing shortages, and historic concerns within the dental system are adversely impacting public dental health. In addition, additional Health and Safety measures, whilst welcome and necessary, are leading to delays in treatment. It seems from our dental practice survey that dental teams are doing their best to see and treat as many patients as possible in the time allowed and with limited resources.

Residents are becoming increasingly frustrated about being able to find an NHS dentist willing or able to take them on as new patients. Many people who have been successful in being taken on, or who were already established with their local dental practice, feel they are waiting too long for an appointment for minor dental treatment. This is having a knock-on effect with dental problems getting worse so that it becomes necessary for urgent treatment rather than being nipped in the bud.

There are some clear indicators of areas where improvements could be made including ensuring NHS Choices website contains up to date information, providing supportive advice to patients who are on waiting lists and often in discomfort, and improving NHS 111 advice and information.

Improved communication from dental practices to keep patients up to date with what is happening, and to provide immediate advice and support for those on waiting lists where they are experiencing pain would be welcomed by the public.

Perhaps the most important indicator is that it is clear that there are too few NHS dentists available to service the needs of the North East population. We urge NHS England to make dentistry reform a top priority otherwise there will be repercussions for the life-long health of current and future generations, particularly among the most disadvantaged communities in our region.

Next steps

Use our findings to:

- Influence the North East and North Cumbria Integrated Care System (NE&NC ICS), local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).

  Compare with Healthwatch England's latest report, 'What people have told us about dentistry: A review of our evidence - April to September 2021' can be found here:

  20211014_HWE Dentistry Update Dec 2021.pdf (healthwatch.co.uk)
- Maintain our support to service users encouraging them to interact and share their views directly with providers.

Acknowledgements

Thank you to everyone that has helped us with our consultation for this report including:

Members of the public who shared their views and experiences with us

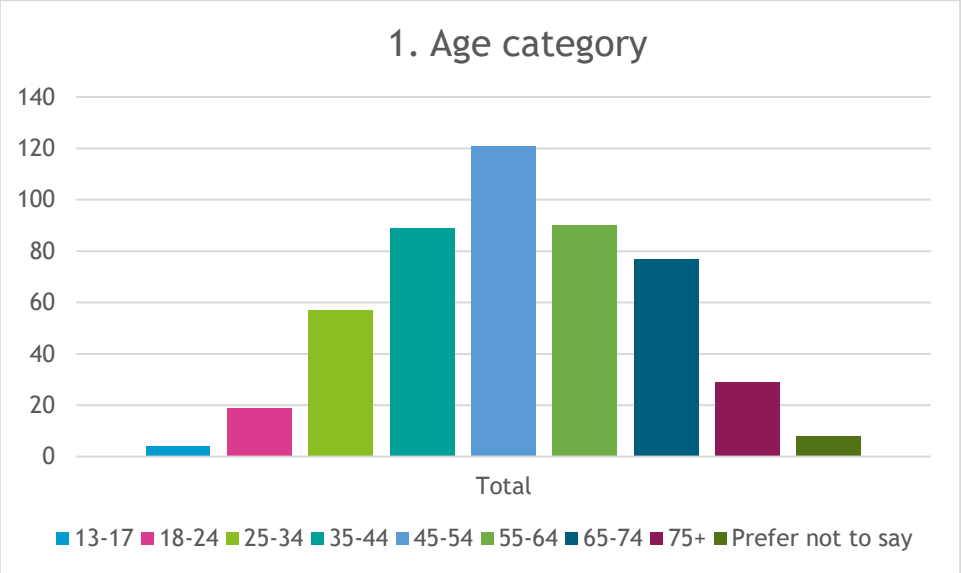
All our amazing staff and dedicated volunteers

The dental practices that significantly contributed to our work

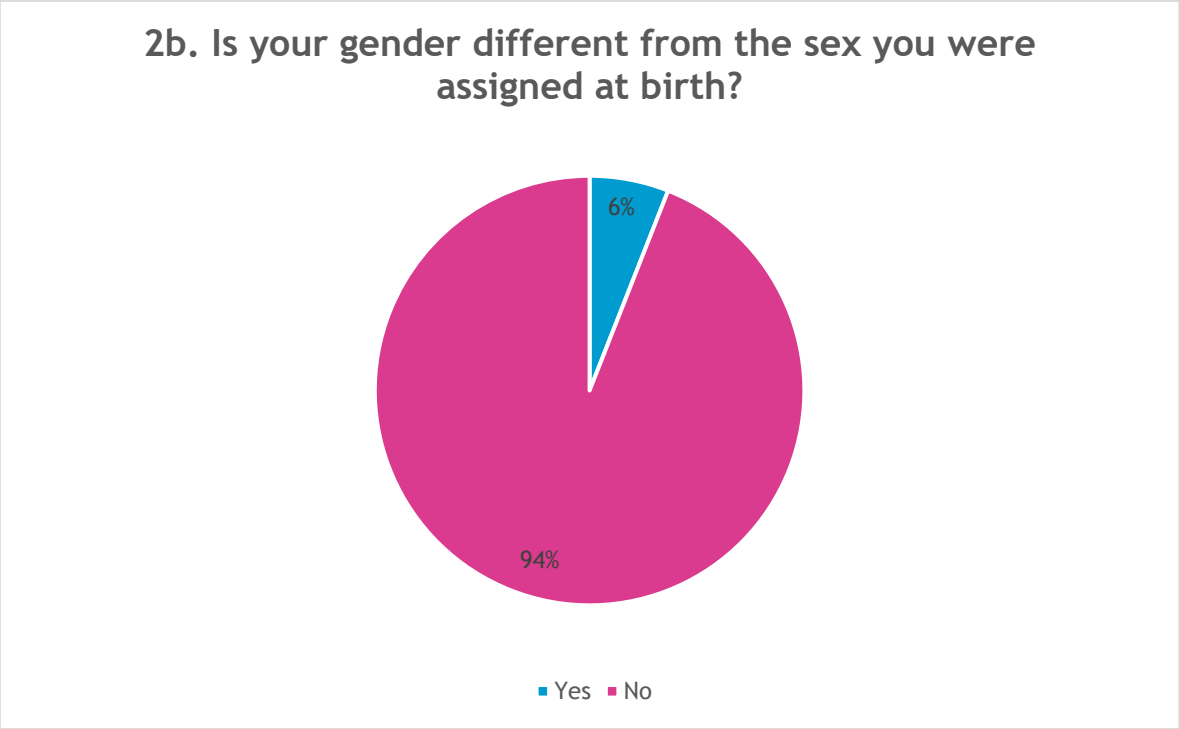
Appendix 1

Demographics

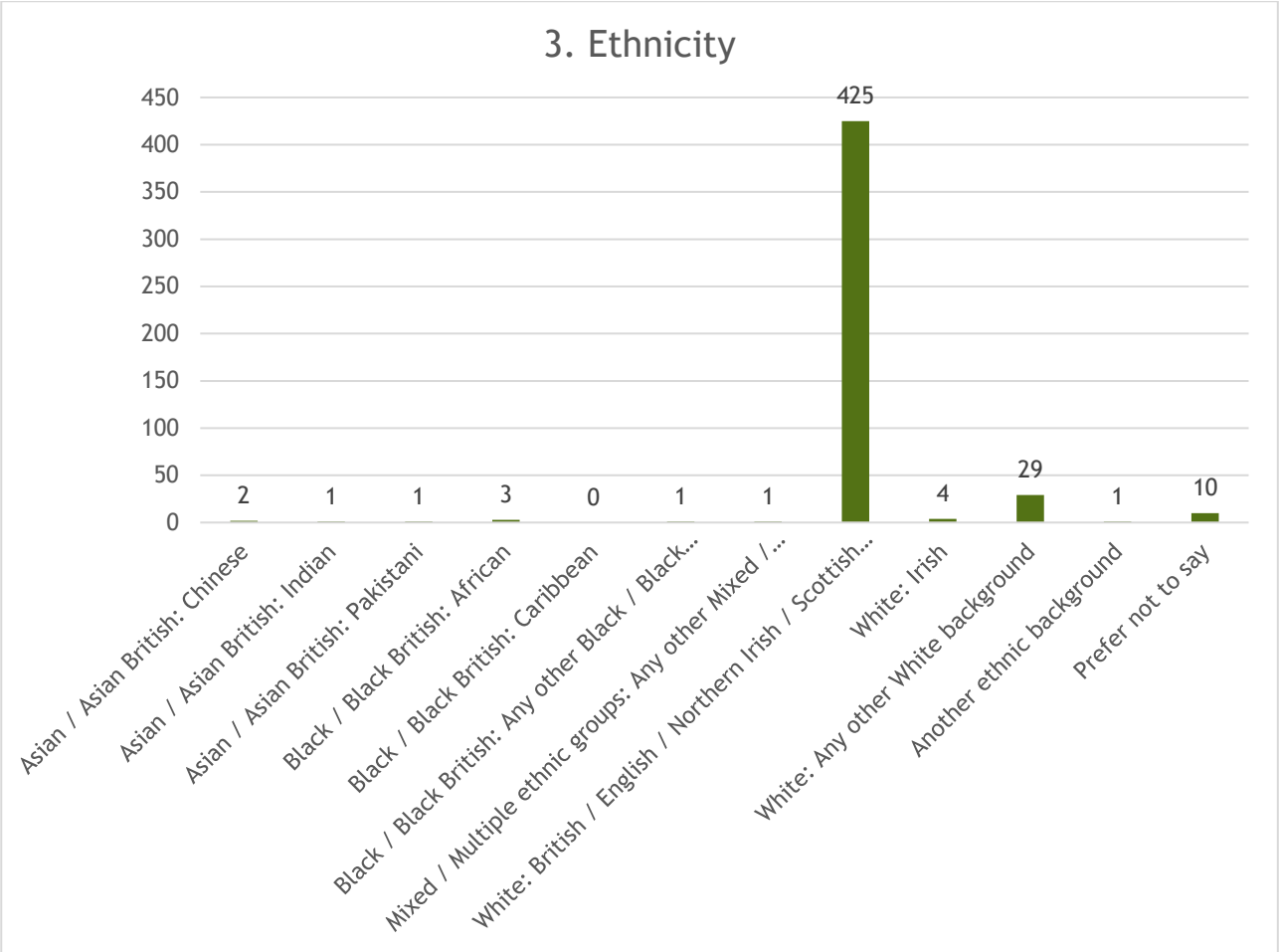
1. *Age category*	*Participants*
13 - 17 years	4
18 - 24 years	19
25 - 34 years	57
35 - 44 years	89
45 - 54 years	121
55 - 64 years	90
65 - 74 years	77
75+ years	29
I'd prefer not to say	8

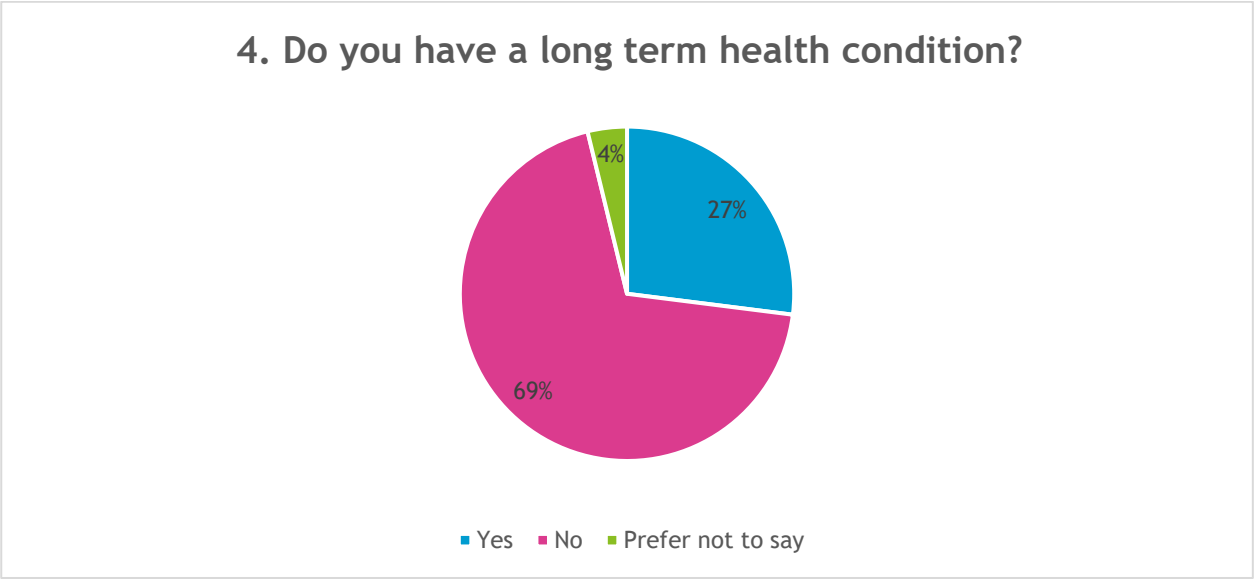


2. Gender	*Participants*
Man	109
Woman	381
Intersex	0
Non-binary	10
Other	0
I'd prefer not to say	6

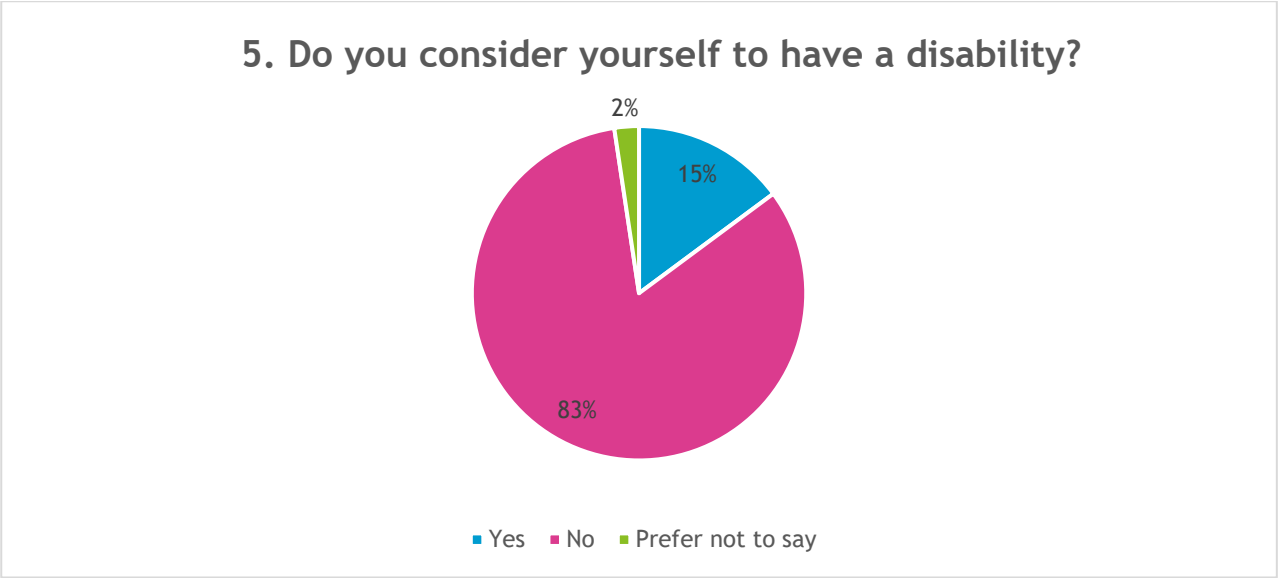


3. Ethnic background:	*Participants*
Arab	0
Asian / Asian British: Bangladeshi	0
Asian / Asian British: Chinese	2
Asian / Asian British: Indian	1
Asian / Asian British: Pakistani	1
Asian / Asian British: Any other Asian / Asian British background	0
Black / Black British: African	3
Black / Black British: Caribbean	0
Black / Black British: Any other Black / Black British background	1
Gypsy, Roma or Traveller	0
Mixed / Multiple ethnic groups: Asian and White	0
Mixed / Multiple ethnic groups: Black African and White	0
Mixed / Multiple ethnic groups: Black Caribbean and White	0
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	1
White: British / English / Northern Irish / Scottish / Welsh	425
White: Irish	4
White: Any other White background	29
Another ethnic background	1
I'd prefer not to say	10

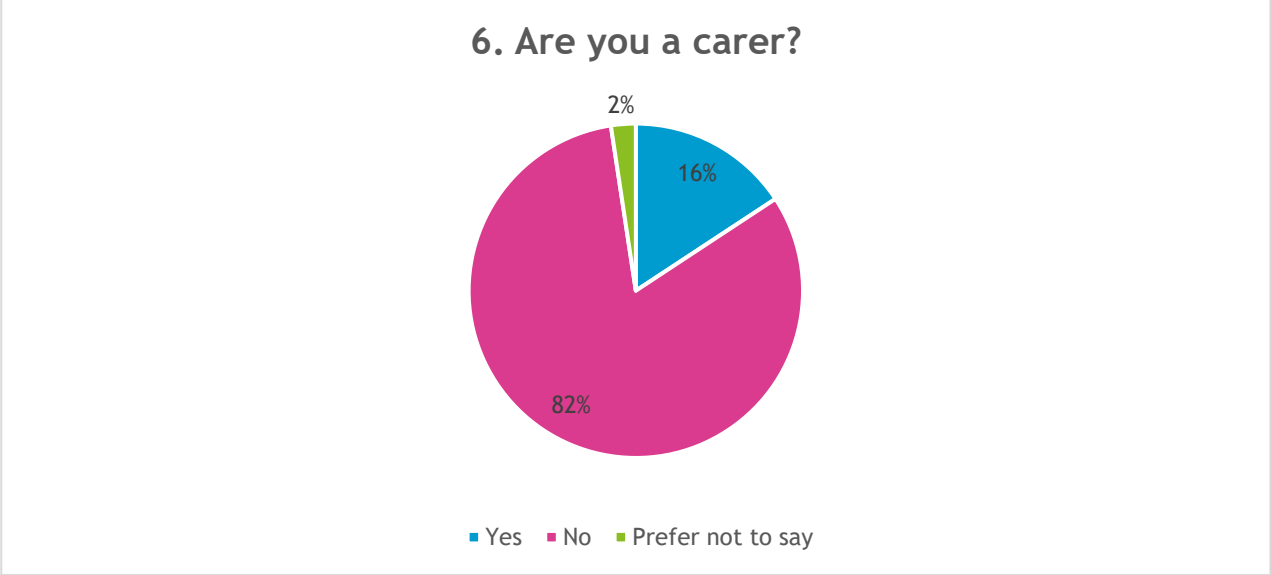




135 people declared they had a long-term health condition, 346 said not and 19 preferred not to say.



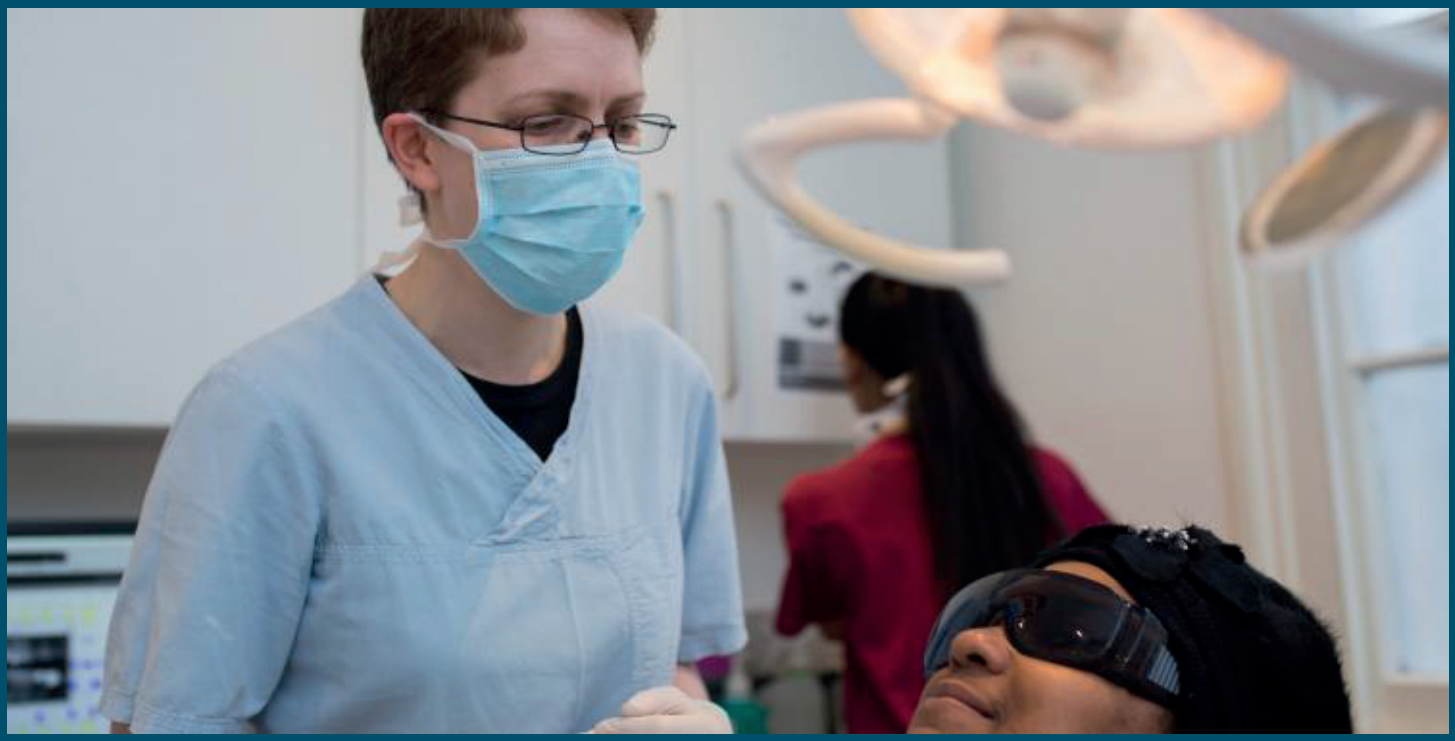
75 people declared they had a disability, 418 said not and 12 preferred not to say.



79 people said they were carers, 411 said not and 12 preferred not to say.

Dentistry Myth Busting

Dispelling the most common rumours relating to NHS dentistry



A collaborative document from Healthwatch teams across North East England

Healthwatch teams across the North East have seen a significant increase in concerns around getting to see their local dentist. This is also a big problem across the rest of the country.

These concerns have been made worse by some common myths and mis-understandings around how dentist practices work.

Here, we take a look at some of those myths...

1. 'Registering' at a practice

'I saw my dentist a few years ago and now they say they can't see me on the NHS. Aren't I registered?'

Dental practices are set up within the NHS in a completely different way to GP practices so there is no formal patient registration within Dentistry.

A patient is only 'registered' with practice while undergoing treatment. So, you are free to approach any NHS dentist for treatment at any time.

2. They only want to work with private patients

‘My dentist said they could not see me on the NHS but offered me a Private consultation.’

There is no formal patient registration within Dentistry - NHS Dental Practices are commissioned to deliver a number of Units of Dental Activity (UDA) which they spread out over the year.

The number of UDAs used per day will depend on the treatment needs of the patients who contact the practice, for example, simple treatments like fillings and extractions equate to 3 UDAs, more complex treatment like crowns and bridges: 12 UDAs.

Whilst NHS provision must be available across the practices contracted opening hours, demand for NHS treatment maybe so great that on any given day, depending on demand and the treatment needs of the patients who contact them, they could have used up all their NHS appointments when a patient rings.

They may, therefore, offer a private option to patients as an alternative, as they will have separate NHS and private appointment books, with separate clinical staff time allocated accordingly.

In line with national guidance all dental practices are required to prioritise patients based on clinical need and urgency into their available NHS appointments - this is called Triage. It is therefore important when you contact the practice that you fully explain the nature of your dental problem so that a clinical assessment can be undertaken to determine how quickly you need to be seen.

3. They are not doing routine work such as check-ups or scale and polish on the NHS

‘It’s impossible to get a routine check-up despite the fact I’ve not had one for over a year.’

All practices are currently working to a national standard operating procedures which means that they have to prioritise patients based on clinical need and urgency.

Therefore, their ability to take on patients for routine treatment such as check-ups is likely to be limited with the reduced capacity they are able to deliver, because of infection prevention control guidance.

However, if you have healthy teeth and gums, a routine check-up may not be needed for up to two years between appointments.

4. They are not doing emergency appointments.

‘I broke my tooth, but my dentist wouldn’t take me as an emergency appointment to fix it.’

Lost fillings, crowns or bridges, broken teeth or braces are not usually deemed to be clinically urgent, which means you may need to wait a little longer for an appointment.

Access to NHS urgent dental appointments is based on an individual clinical assessment of need. It is therefore important that you fully explain the nature of your dental problem to the practice or NHS 111 when you call, so they can correctly triage you.

Thank you for taking the time to read this document. We hope it has helped dispel some of the rumours you have heard recently. If you have any further concerns about a dental service in your area, please visit the dental section of the NHS website.

You can find further advice, an official complaints procedure, and lots more.

With thanks to:

healthwatch North Tyneside

healthwatch Newcastle

healthwatch Northumberland

healthwatch Middlesbrough

healthwatch Redcar and Cleveland

healthwatch Gateshead

healthwatch Stockton-on-Tees

healthwatch Hartlepool

healthwatch Darlington

If you would like to find out more about your local Healthwatch, please visit the relevant website for your area.

you can also find us all on Facebook and Twitter.

healthwatch Middlesbrough

healthwatch Redcar and Cleveland

Experiences of NHS Dental Services Across South Tees

March 2022

Freephone: 0800 118 1691

Pioneering Care Partnership, Registered Charity No: 1067888
Registered Company No: 3491237 Pioneering Care Centre, Carer's Way, Newton Aycliffe, DL5 4SF
Pioneering Care Centre is the data controller for personal data held by Healthwatch South Tees

Contents

About Healthwatch South Tees

Healthwatch South Tees (HWST) is the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland.

We are the independent champion for people using local health and social care services.

The role of Healthwatch is to listen to what people like about services and what they think could be improved and to share these views with those with the power to make change happen.

We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. In addition, Healthwatch provides an Information and Signposting service to help ensure that people receive the right health and social care services locally.

Executive Summary

Healthwatch South Tees wanted to understand the experiences of their community with dental care services during the period from the first lockdown in March 2020 to December 2021.

Healthwatch England is at the forefront of campaigning for reform of the NHS dental contract alongside the British Dental Association (BDA). Healthwatch South Tees has joined forces with seven other local Healthwatch teams to inform the regional picture as well as support the national picture and inform local service providers of the experiences of their patients.

The findings in this report highlight that for those who are unable to find an NHS Dentist there are limited options. Treatment can only be accessed in emergency situations through NHS 111. Routine check-up appointments and preventative care is not available.

Although the backlog and ongoing restrictions continue to cause problems when it comes to booking routine care and accessing emergency treatment, most people can still access these services although they may have to wait longer than was previously experienced.

Improvements could be made by ensuring the NHS Choices website contains up-to-date information regarding the availability of dentists, provides supportive advice to patients who are on waiting lists and, a greater awareness around the 'registration of dentists' and information relating to NHS Dentistry.

We will use the information gathered within this report to support the national work that Healthwatch England is leading on, and also as a collective local Healthwatch, influence the North East & North Cumbria Integrated Care System to improve services locally.

Locally we collaborated with other Healthwatch teams in the North East to provide support to our communities with initiatives such as the 'Myth Busting' leaflet, which aims to raise awareness and support members of the public by dispelling common rumors relating to NHS dentistry.

Introduction

Data from the Department of Health, highlights that almost 1,000 dentists working in 2,500 roles across England and Wales left the NHS last year (source: BBC News, January 2022 https://www.bbc.co.uk/news/uk-59874320).

The NHS dental sector has also faced significant challenges during the pandemic and have required to comply with a national standard operation procedure and infection prevention control measures, which has resulted in NHS dentistry operating at significantly lower levels of capacity.

It is important to note that in the period July to December 2020, practices were delivering 20% of normal activity volumes, increasing to 45% by the end of March 2021. From April 2021 the minimum expectation was at least 60% of normal activity by the end of September 2021, increasing to 65% for the period October to end of December 2021.

There has been an adverse impact on members of the public being able to see a local dentist for both regular check-ups and where emergency treatment is needed.

This national picture is echoed in the North East and Healthwatch teams, including Healthwatch South Tees, have seen a significant increase in people's concerns around seeing a dentist.

Nine teams from the North East and North Cumbria Healthwatch Network agreed to undertake a joint project to understand the concerns of their respective local communities.

Participating North East and North Cumbria Network Healthwatch Teams			
Darlington	Gateshead	Hartlepool	Newcastle
North Tyneside	Northumberland	Middlesbrough	Stockton on Tees
	Redcar and Cleveland		

Our collective aim is to:

- Influence the North East and North Cumbria Integrated Care System (NE&NC ICS), local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).
- Support improved information for patients regarding NHS dentistry.

Methodology

Our approach is based on the collective agreement of the nine local Healthwatch teams detailed in the 'Introduction' section. This report highlights the feedback from across South Tees.

Healthwatch Northumberland coordinated the project and has produced a combined report, this has been shared with the North East and North Cumbria Integrated Care System (NE&NC ICS) and Healthwatch England. Each local Healthwatch will be responsible for discussions with their own local providers where appropriate.

Survey for members of the public

An online and paper survey was launched on 29 November 2021, which focused on:-

- Accessibility of appointments
- Experiences of treatment
- Difference between accessing NHS and private dental appointments

It was distributed through our networks, our HWST Community Champions, key stakeholders and partners. We also promoted the survey through local radio stations, social media platforms, Local Dentistry Committee (LDC) and directly with dental practices.

The closing date for the survey was 7 January 2022.

Survey participants were invited to take part in one or more of five sections of the survey which were:-

- Finding a dentist,
- Routine check-ups,
- Appointments for minor issues
- Urgent appointment and
- Treatment at a dental hospital

We asked about experiences happening throughout the COVID-19 pandemic commencing March 2020 to January 2022. The questions were drafted by Healthwatch Northumberland, agreed with the collective nine local Healthwatch teams, and tested with volunteers.

We received 105 responses to the Healthwatch South Tees survey.

Survey for local dental practices

During the same period, November 2021 to January 2022, we contacted 14 dental practices across South Tees with a series of questions to understand the availability of services.

Public information campaign

The collective Healthwatch teams involved worked with Local Dentist Committees, Public Health and the Commissioners (NHS England) to develop an information campaign to inform people about getting dental care.

Work on this campaign began in December 2021 and was influenced by the findings of the first two elements of this research. As an example, North East Healthwatch teams have already produced a 'myth busting' leaflet, dispelling the most common rumours relating to NHS dentistry.

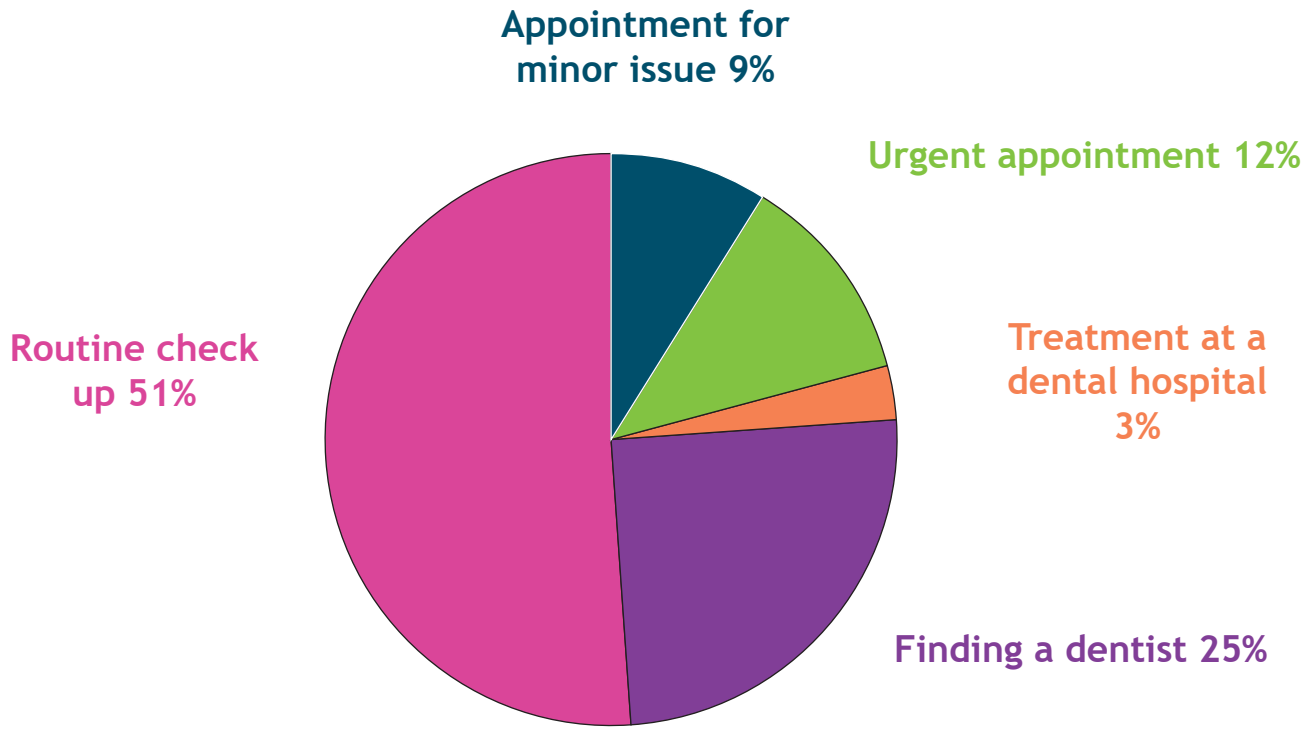
It gives the facts about being registered with a practice, why you may be offered a private appointment, capacity for routine appointments and, what constitutes urgent care.

The leaflet can be accessed here:

Healthwatch Middlesbrough or Healthwatch Redcar & Cleveland

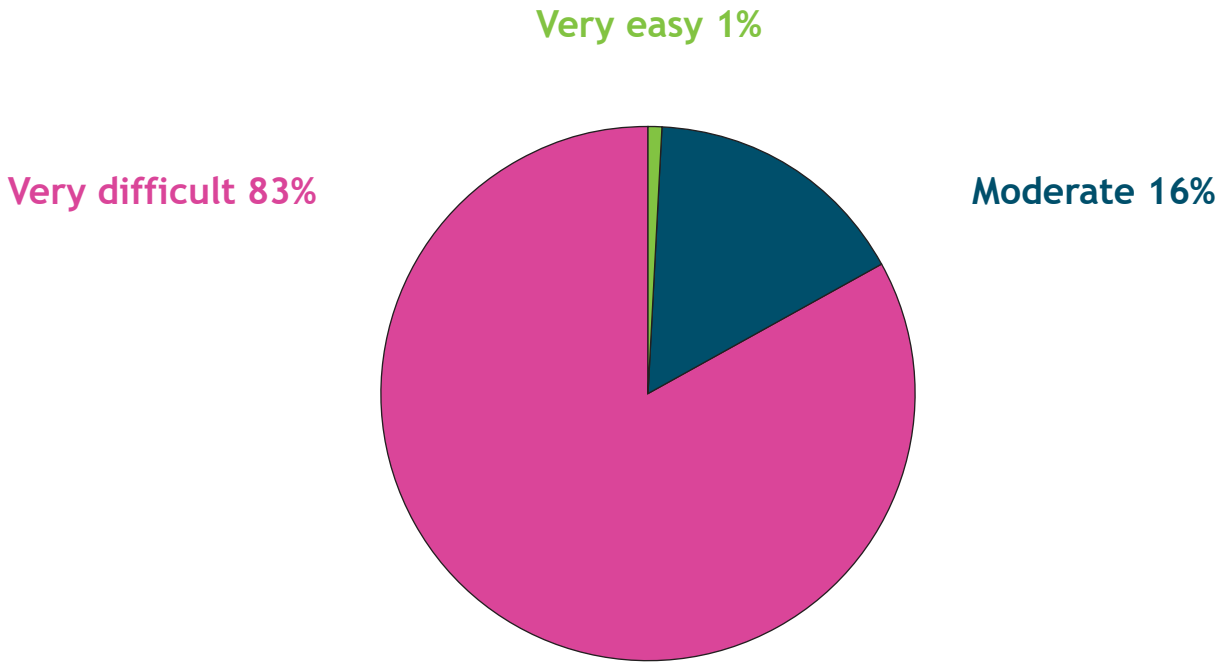
Survey findings: Members of the Public

We had 105 respondents to our survey. A breakdown of responses to each section can be found below.

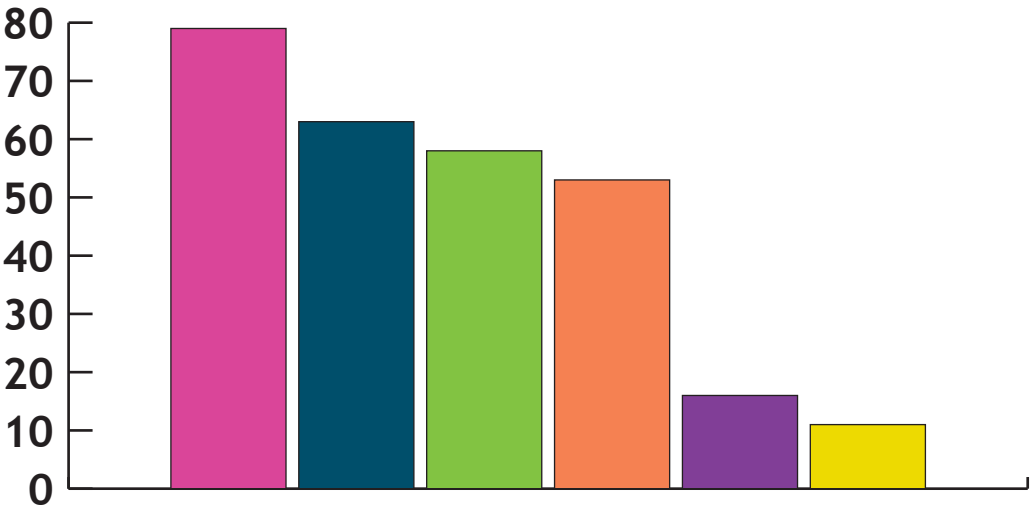


1. Finding a dentist

1. How easy was it to find a dentist?



2. What did you do to find a dentist? (respondents could choose more than one option)



Ring around dental practices 79%

Search the internet 63%

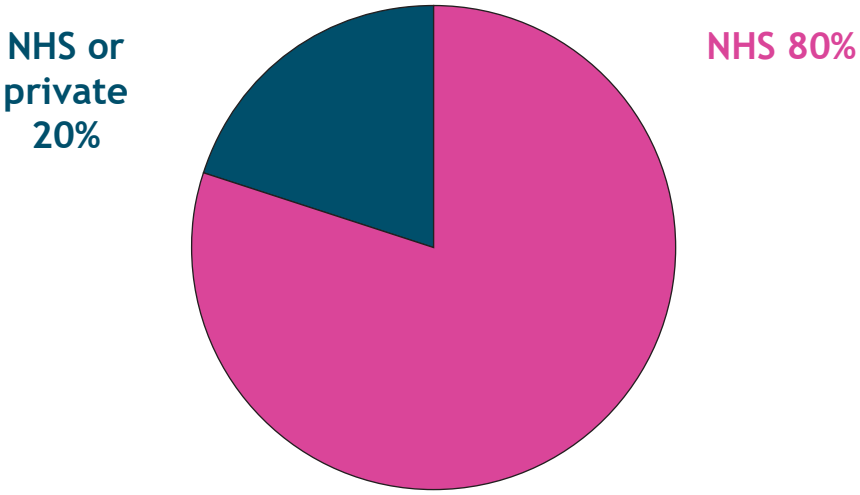
Look on NHS choices website 58%

Ask family/ friends 53%

Contact local Healthwatch 16%

Other 11%

3. What kind of dental service were you looking for?



4. Were you looking for help with a particular dental issue?

65% of respondents said they were looking for help with a particular issue.

The reasons varied greatly and many were experiencing pain and/or required urgent treatment. Comments included:-

‘Lost front crown’

‘Orthodontist for my child’

‘My tooth had discolored and has since chipped, then eventually broken away’

‘Pain, significant abscess requiring antibiotics and then root canal’

‘Broken molar tooth, immense pain’

‘Infected wisdom tooth, immense pain’

5. Did you find a dental service to meet your needs?

60% of respondents were unable to find a service to meet their needs

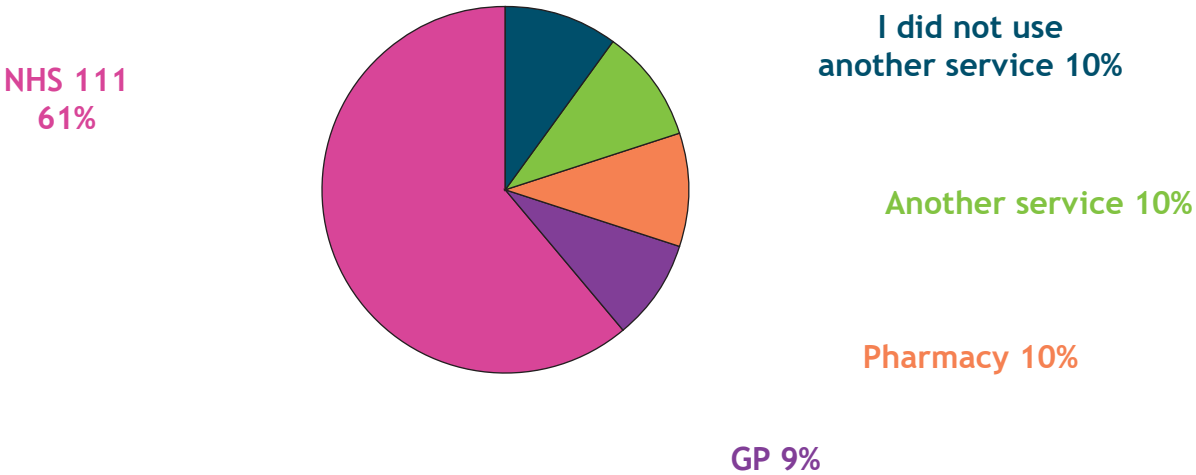
Many of the comments expressed the frustration of practices not taking on new patients and some people had to resort to private treatment.

'I contacted over 20 practices, and searched as far as an hours drive away. I eventually managed to get in to one locally for emergency treatment as they'd had a DNA, but was unable to register there for appointments'

'Yes, I did but only privately'

'I finally found a dentist that was willing to take me on as a private patient'

6. Have you used any services, other than your dentist, to help you get advice about accessing dental care? Respondents could select more than one response.



7. Is there anything else that would have improved your experience of finding a dentist?

‘More government funding of NHS dental services’

‘NHS website not up to date - re NHS availability’

‘I just believe they are understaffed and over stretched’

‘Re-registering my son even if they said appointments would not be possible at the beginning’

‘Yes, dentists taking on patients’

‘Yes, one closer to me’

Key points

Of those who shared this experience, 80% expressed the view that this was very difficult and 60% were unable to find a dentist to meet their needs.

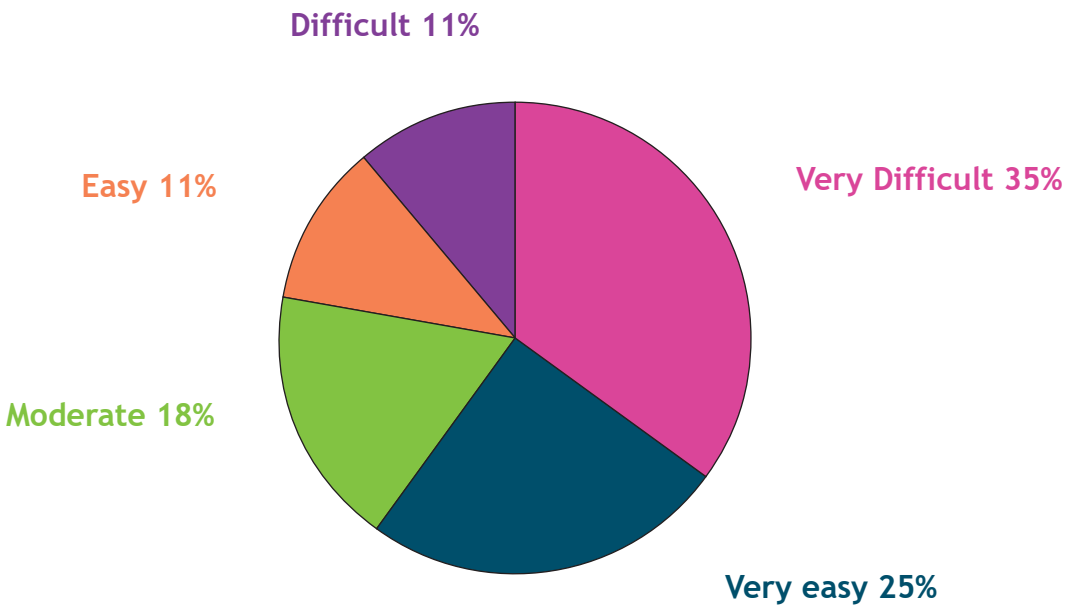
Information on the availability of dentists was poor too, with information on NHS websites not up to date regarding availability.

2. Routine check-ups

Of those who responded to this section:-

- 83% wanted to tell us about their own experiences
- 17% said 'other'

1. How easy was it to book a check-up appointment?



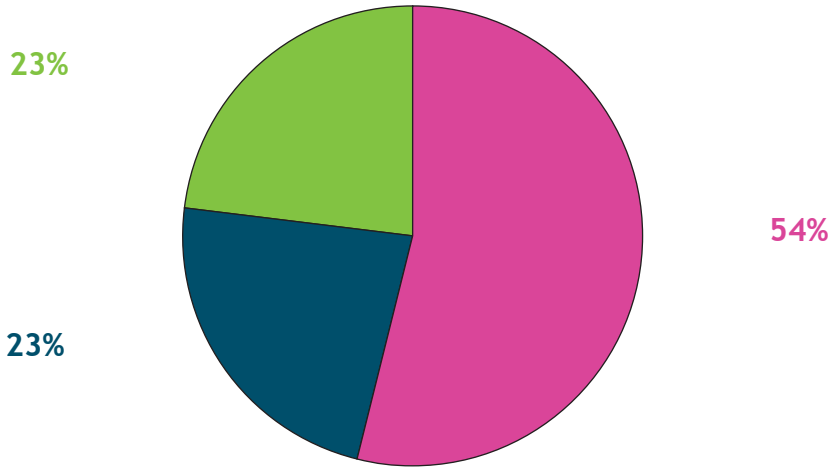
2. Were you looking for help with a particular dental issue?

17% of respondents said they were looking for help with a particular issue

'Issue with filling falling out - I still haven't been able to book an appointment and I'm in pain'

'Check-up due November, text message received to make an appointment, but no appointments until March 2022'

3. How happy were you with the timescale of appointments?



Pink - I was happy I got an appointment within a reasonable timescale

Blue - I was happy I got an appointment but I had to wait longer than I would have liked

Green - I was unhappy because even though I got an appointment, I had to wait too long

4. Rate your overall experience

Comments included:

'Information on the website has not been updated since the beginning of the first lockdown. They don't respond to emails, and I haven't been able to get through by phone. I don't want to be too much trouble as I don't have an urgent issue but would like to know when they will catch up with routine check-ups. I am also concerned that I am still on their register as a patient.

Service from my dentist is always excellentand the practice has kept me updated throughout the pandemic about the status of their service and how to obtain help if needed.

5.

44%

required a follow up appointment with their dentist

6.

90%

of these appointments were NHS related

7.

100%

of respondents used the same dentist as before the pandemic

8.

4%

of respondents had to seek private dental treatment because they couldn't get an NHS appointment

9. Is there anything that would have improved your experience of getting a check-up appointment?

'Caring and considerate reception staff - very rude, arrogant, and condescending when asking about appointments. Keep cancelling appointments when we have one booked 6 months in advance. Dentists seems to have taken a back seat in the pandemic - cannot understand how they can refuse treatment to the point where teeth fall out'

'Some up to date information and reassurance that I'm still registered with them'

'Having an idea of timescales or a future appointment booked in'

'Advice and guidance on what to look out for during pregnancy. I understood teeth are more at risk of issues during pregnancy but didn't have the support'

'Consideration that I have seen a teen who's teeth were in need of braces before the pandemic and also a child with SEND who needs extra support with dental needs'

Key points

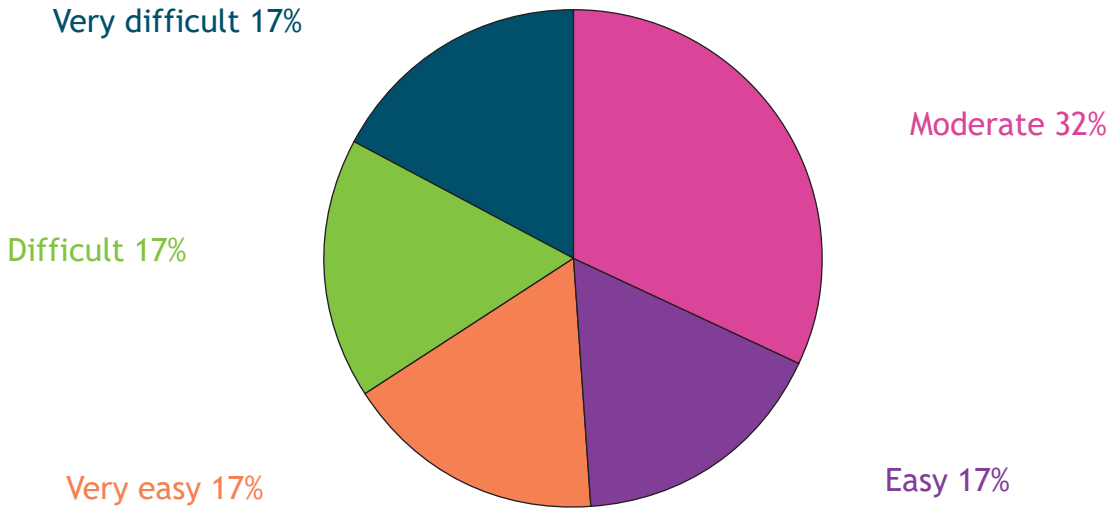
Those booking appointments for a routine check-up were able to do so at the same dentist they used prior to the pandemic. Although 35% expressed that they found this very difficult, 54% were happy they got an appointment in a reasonable timescale and 35% rated their overall experience as excellent.

Of those who responded, 44% required follow up treatment. Suggestions for improvement included more flexible appointments for working patients and being offered phone advice.

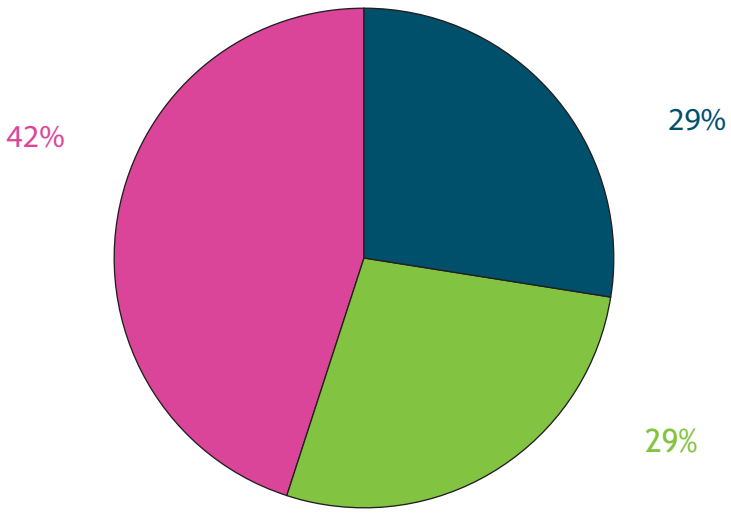
3. Appointments for minor issues

All responses to this section were the respondents' own experience

1. How easy was it to book an appointment for a minor dental issue?



2. How happy were you with the timescale of the appointment?



Blue - I was happy as I got an appointment within a reasonable time scale

Pink - I was happy I got an appointment but had to wait longer than I would have liked

Green - I was unhappy because even though I got an appointment, I had to wait too long

3. Rate your overall experience

4. Was any further treatment needed?

of respondents required a follow up appointment with their dentist.

5. Was this appointment NHS or private?

said 'NHS' said 'private' said 'both'

6. Was this the same practice you used before the pandemic?

said 'yes' said 'other'

7. Since March 2020, have you had to seek private dental care for a check-up because you couldn't get an NHS appointment?

All respondents said 'no'

8. Was there anything that would have improved your experience of getting a check-up appointment?

'At a time when all medical issues seem to be appointment only, I would not expect to wait an excessive amount of time in an area when the wearing of face coverings was blatantly being flouted'

'Perhaps by adding another dental practitioner and to be able to get an appointment'

Key points

Experiences on how easy it was to book an appointment for a minor issue varied greatly with 33% reporting an average experience. Whilst 16% found it very difficult, a further 16% found it very easy.

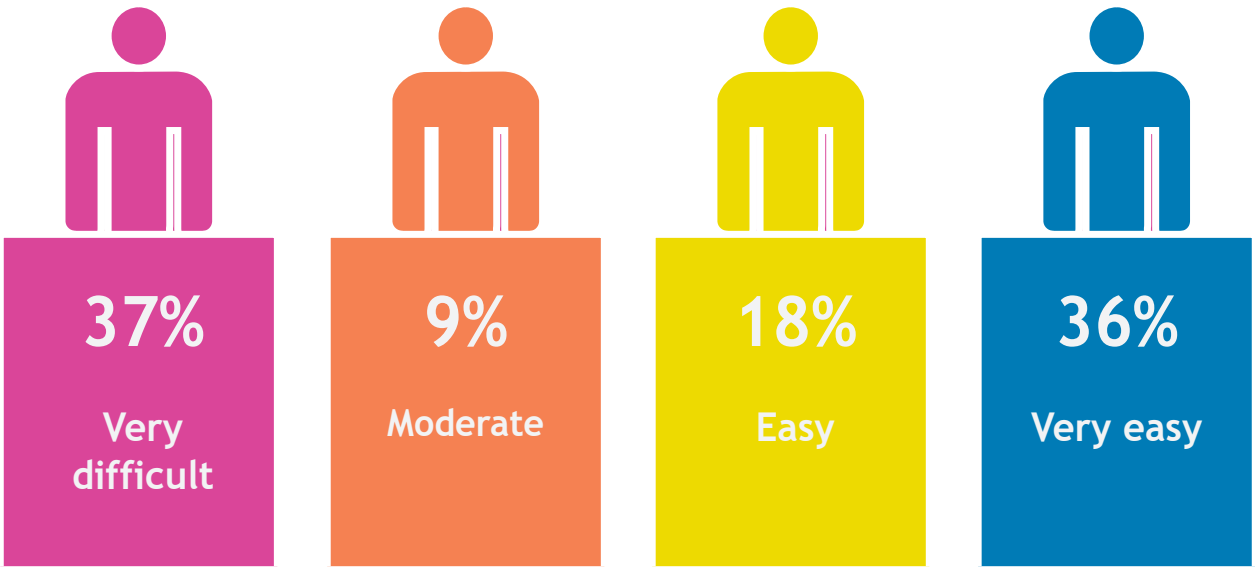
Of those who responded, 43% expressed that they were happy they got an appointment but had to wait longer than they would have liked.

4. Urgent appointments

Of those who responded to this section...

73% wanted to tell us about their own experiences	18% said 'other', and included responding on behalf of their spouse, and another on behalf of a patient in their care	10% wanted to tell us about the experiences of their child

1. Rate how easy it was to book an urgent appointment



2. What was the urgent dental issue you needed treatment for? Please tell us the severity and if you were in pain.

‘Jaw pain and restricted jaw movement’

‘I knew I had a hole in a back upper molar. I wasn’t in constant pain but it was uncomfortable and could only get worse’

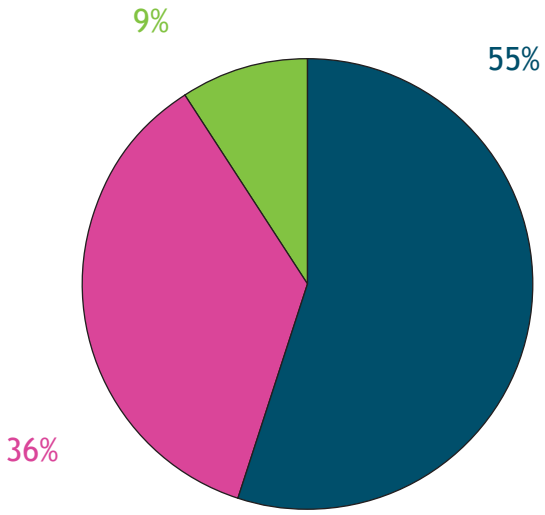
‘I cracked a back tooth on a popcorn kernel and could not find an emergency appointment for weeks. I tried ringing different surgeries and 111 but it wasn’t any help. I was in pain, but also very concerned about further damage while left untreated’

‘Severe dental pain going on for 7 days’

‘Snapped tooth and chronic pain’

‘Husband had toothache and was in severe pain’

3. How happy were you with the timescale of appointments?



Blue - I was happy I got an appointment within a reasonable timescale

Pink - I was happy I got an appointment but had to wait longer than I would have liked

Green - I was unhappy because even though I got an appointment, I had to wait too long

The range of how long respondents waited for an urgent appointment varied from within the hour to 4 weeks.

One patient was told to register in September, which at the time, was over 12 weeks away before they could be seen.

4. Were you offered self-help advice for your urgent issue whilst waiting?

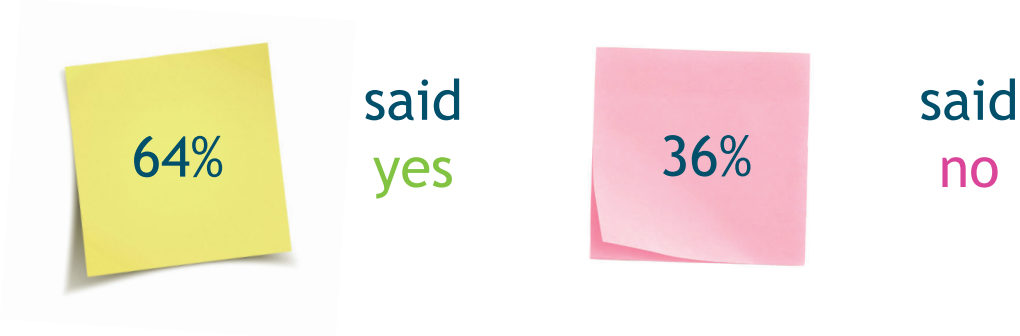
55% of respondents said they were offered self-help advice

'I was given pain relief and measured up for a bite guard'

'I was told to use sensitive toothpaste and a filling kit'

'I was advised by the 111 team to purchase a temporary filling substance and apply until I could get an appointment. This felt very sketchy and not something I would expect to do in modern Britain'

5. Were you given clear information about who to contact and what to do if the situation got worse?



6. Rate your overall experience

7. Did you access any follow-up treatment after your urgent dental appointment?

64% said yes - from their dentist

9% said yes - referred to another service

9% said no - they could not access follow up treatment

45% said no - they did not need follow up treatment

8. Was this appointment NHS or private?

NHS 64%

Private 18%

Both 18%

9. Was this the same dentist you used before the pandemic?

Yes 83%	No 0%	Didn't go regularly 9%	Other 9%

10. Since March 2020, have you had to seek private dental care for urgent care because you couldn't get an NHS appointment?

Yes 9%

No 91%

11. Have you called NHS 111 for emergency dental care since March 2020?

Yes 18%

No 82%

12. Is there anything that would have improved your experience of urgent dental care?

‘I think another x-ray should have been taken’

‘Dentists (and doctors) being a bit more humane and realising they are a service provider’

‘Having actual access to an emergency care option’

‘Having appointments available in an emergency’

‘I was very impressed by the level of COVID security at the time, plus their willingness to get me in for the help I needed’

‘To get through on the phone quicker’

Key points

Experiences on how easy it was to book an urgent appointment varied greatly with 33% reporting an average experience. Whilst 16% found it very difficult, a further 16% found it very easy.

Of our respondents, 43% expressed that they were happy they got an appointment but had to wait longer than they would have liked. Suggestions for improvement included improved access for urgent appointments.

5. Treatment at a dental Hospital

3%

of respondents told us about treatment at a dental hospital

50%

wanted to tell us about their own experience

50%

wanted to tell us the experience of their child

1. Which of the following best described the situation?

said they had to book their own appointment at a dental hospital

other

2. Rate how easy it was to book treatment at a dental hospital.

3. What was the dental issue you needed treatment for? Please tell us about the severity and whether you were in pain

‘Extraction of baby teeth prior to brace being fitted - very anxious child’

‘My discoloured, then chipped and now eventually cracked tooth’

4. Were you happy with the timescale of appointments?

50% were happy as they got an appointment within a reasonable timescale

50% were unhappy because even though they got an appointment, they had to wait too long

5. Were you offered self-help or advice for your issue whilst waiting?

No 50%

Told us 'more' 50%

'111 told me to take a paracetamol'

6. Were you given clear information about who to contact and what to do if the situation got worse?

Yes 50%

No 50%

7. Rate your overall experience.

8. Is there anything that would have improved your experience of an appointment at a dental hospital?

> ‘I have 3 children and my husband works away. It would have been more convenient for me if I could have attended my local trust for treatment. I had to involve other people to help with school runs during a pandemic which was a challenge at the time’
>
> ‘Empathy would be nice, but truth be told, there’s not a genuine ounce of compassion left in the sector. Money is all that matters to dentists’

Key points

We received very few responses to this section with respondents having very different experiences. Key issues were location and timing of appointments.

Survey findings: Dental practices

We contacted 14 dental practices across South Tees with a series of questions to understand the availability of services. The dental practices who responded were easy to contact, with minimal waits for the phone to be answered and they were happy to answer questions.

The general response was how busy the dental surgeries were and the frustration of not being able to offer more appointments.

One dentist practice informed us they have reduced their lunch breaks as a team as they as so busy and have stopped seeing private patients and another practice is working through a backlog of 10-11 months of patients.

Nine dental practices responded to this survey

1. Is the practice currently accepting new NHS patients for treatment?

5 practices said no

2 - only private patients

1 - only under 18’s

1 - yes (Prioritising on symptoms)

2. What is the approximate waiting time for NHS patients to have routine dental treatment?

Time period	Responses
Less than 1 month	1
Between 1 - 2 months	3
Between 2 - 3 months	2
Between 3 - 6 months	2
More than 6 months	1

3. Do you ask about a patient's symptoms and level of pain before allocating an appointment or are appointments allocated on a first come, first served basis?

'Ring 8.30 for an emergency appointment. Triage system'

'Triage form. Also see emergency appointments with non-registered patients'

'Prioritise on level of needs'

'We have 3 dentists and each keep 2-3 emergency appointments per day, on a first come first served basis'

'Triage system for appointments. If you ring at 8am for emergency, then you are seen that day'

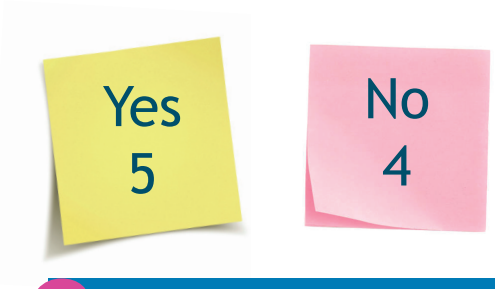
'If routine next available appointment. If emergency / pain offered appointment within 24 hours'

'Triage based on symptoms. If patients ring at 8.30 for appointments, we have pain slots. We also see patients who are not registered with us as a one-off emergency appointment'

'We use the NHS triage system. We have a pain list for appointments which includes children, severe swelling, pain and will get an appointment on the day. We also have a cancellation list'

'Triage - pain and swelling same day'

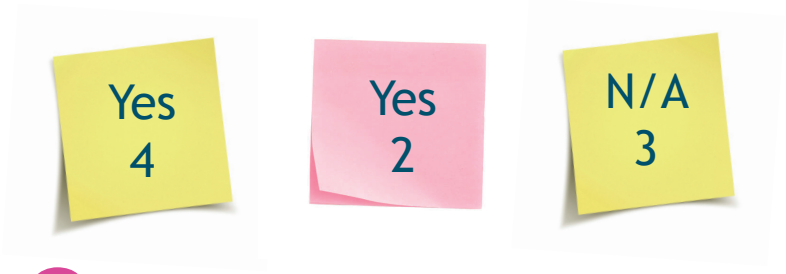
4. Is the practice currently seeing private patients?



'We have stopped seeing private patients to work through the backlog'

'Yes we are a private practice. We only see children on the NHS'

5. Do you offer private appointment if there are no remaining NHS appointments?



'Private and Denplan are options available'

'Yes, but it would still be a long wait'

6. What is the approximate waiting time for private patients to have routine dental treatment?

Time period	Responses
Less than 1 month	2
Between 1 - 2 months	2
Same as NHS patients	2
N/A	3

7. How has COVID-19 affected your provision of NHS funded services?

All practices commented on how COVID has affected their capacity to see patients.

'We see approx 5-6 emergency appointments per day due to cleaning etc. Prior to COVID it was 40 appointments per day'

'We stayed open, but due to down time and cleaning, we see less patients now than prior to COVID'

'Extremely busy. We can't see as many patients due to cleaning, PPE etc.'

'Procedures take longer due to cleaning etc. We shut from March to June and when we re-opened we were very busy'

'Logistics of cleaning fallow time, not having people in and out same time. We are back up to seeing 30-40 patients per day again as we did prior to COVID'

'COVID has affected how many patients we can see due to cleaning, appointments etc.'

'COVID has massively affected how many people we can see. Our waiting room used to be packed, we used to see 25/30 patients and now its 7-10 due to cleaning and time needed for each appointment'

'Very busy trying to get through our backlog resulting from COVID. If people ring up and haven't been sent a reminder, we are booking them in to be seen'

8. If you have no appointments available, do you ever signpost to other dental practices?

'If no emergency appointments are available, we advise to ring around other surgeries'

'We work later to fit them in, as a team we have agreed to have a shorter lunch break to try and reduce the backlog'

'We are a private practice, so people have come to us as they want to have the treatments as opposed to waiting for NHS treatment'

'We suggest patients ring around other surgeries and then 111'

9. Is there anything else you would like to tell us?

> ‘It’s difficult as we want to offer appointments when people are in need but its so busy’
>
> ‘We have heard that some dentists haven’t seen patients during COVID but are then using the fact they haven’t been in to the practice as a reason not to see them and then can’t register anywhere - as everywhere is so busy’
>
> ‘It can be difficult when a patient calls 111 and they are told that they need to be seen within 24 hours. However, when a dentist does their own triage they might not assess as needing an appointment within 24 hours and this can lead to frustrations for patients’

Telephone and email feedback

In addition to the survey since April 2021 we have received 31 enquiries to our Information and Signposting service from people who have been unable to register with an NHS Dentist across South Tees.

As a local Healthwatch we have found this challenging as, in most instances, we have been unable to provide effective signposting that will resolve the problems people are facing.

This has been particularly evident with people requiring urgent dental treatment who find they are no longer registered with the dentist they thought they were, and no other dentists are taking on NHS patients.

One desperate patient resorted to getting private treatment at a cost of £1600, the NHS equivalent charge would have been £80.

Conclusions

The findings within this report highlight that whilst there are good experiences of dental care across South Tees, general feedback indicates that staffing shortages, and historic concerns within the dental system, are adversely impacting on public dental health.

In addition, health and safety measures implemented during the pandemic to ensure the continuation of services, which are still in place, are leading to delays in treatment.

There are some clear indicators of areas where improvements could be made including:-

- Ensuring NHS Choices website provides 'real time' up to date information.
- Improve NHS 111 advice and information.
- Dental Practices need to improve the communication of advice to patients who are on waiting lists and often in discomfort.

Improved communication for patients to raise awareness of current circumstances, changes in service delivery and priority pathways.

One of the most concerning findings of the report is the limited options open to people who are unable to register with a dentist for preventative or urgent treatment.

Of those who responded to this section, 60% were unable to find a service to meet their needs, with some having to resort to private treatment.

Next Steps

Healthwatch South Tees will share this report with Healthwatch Northumberland, Healthwatch England, Public Health South Tees, LDC and key local stakeholders.

Collectively and individually, we will use our findings to:

- Influence the NE&NC ICS, local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).
- Compare with Healthwatch England's latest report, 'What people have told us about dentistry: A review of our evidence - April to September 2021' can be found **here**.
- Maintain our support to service users encouraging them to interact and share their views directly with providers.
- Continue to nurture new relationships to keep up to date with changes in order to provide the most current response to our Information and Signposting contacts.
- Await the issuing of National Guidance and National Dental System Reforms which is expected from July 2022 onwards that will have an impact on how dentists deliver their services in the future.

Acknowledgements

We wish to thank:

- Members of the public who responded to our survey and shared their experiences to help improve services.
- Dental practices who took part in our survey.
- Our Community Champions and strategic partners who helped us to promote the surveys.
- Colleagues in other local Healthwatch who we worked with to create and deliver this project.
- NHS England Public Health

Appendix one: Demographics

1. Age category	Participants
13-17 years	0
18-24 years	0
25-34 years	15
35-44 years	12
45-54 years	11
55-64 years	11
65-74 years	5
75+ years	0
Prefer not to say	1
Did not answer	

2. Gender	Participants
Man	10
Woman	44
Intersex	0
Non-Binary	0
Other	0
Prefer not to say	1
Did not respond	

3. Ethnic Background	Participants
Arab	0
Asian / Asian British: Bangladeshi	0
Asian / Asian British: Chinese	0
Asian / Asian British: Indian	1
Asian / Asian British: Pakistani	0
Asian / Asian British: Any other Asian / Asian British background	0
Black / Black British: African	1
Black / Black British: Caribbean	0
Black / Black British: Any other Black / Black British background	1
Gypsy, Roma, or Traveller	0
Mixed / Multiple ethnic groups: Asian and White	0
Mixed / Multiple ethnic groups: Black African and White	0
Mixed / Multiple ethnic groups: Black Caribbean and White	0
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	0
White: British / English / Northern Irish / Scottish / Welsh	46
White: Irish	0
White: Any other White background	2
Another ethnic background	0
Prefer not to say	3
Did not respond	

4. Carer, long term health condition, disability	Participants
Yes, I consider myself to be a carer	16
Yes, I consider myself to have a disability	7
Yes, I consider myself to have a long-term condition	16
None of the above	
I'd prefer not to say	5

5. Carer	Participants	
Yes	8	17%
No	24	50%
Prefer not to say	0	

healthwatch Middlesbrough

www.healthwatchmiddlesbrough.co.uk
Freephone: 0800 118 1691
Email: healthwatchsouthtees@pcp.uk.net
Text only: 07451 288 789
Twitter: @HwMiddlesbrough
Facebook: facebook.com/HWMiddlesbrough

healthwatch Redcar and Cleveland

www.healthwatchmiddlesbrough.co.uk
Freephone: 0800 118 1691
Email: healthwatchsouthtees@pcp.uk.net
Text only: 07451 288 789
Twitter: @HwRedcarClevela
Facebook: facebook.com/HWRedcarCleveland

Sign up to our e-bulletin!

Healthwatch South Tees is the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland.

Pioneering Care Partnership
Registered Charity No 1067888
Company Limited by Guarantee No. 3491237

This page is intentionally left blank

SCRUTINY PANEL – INVESTIGATION OUTLINE

Review Topic: Dental health and the impact of COVID-19 in Middlesbrough	**Investigation By (Scrutiny Panel):** Health Scrutiny Panel
	Type e.g. Full/Task & Finish: Full Review

Which of the three aims in the Strategic Plan 2021-2024 does the topic meet?

People - Working with communities and other public services in Middlesbrough to improve the lives of local people.

Place - Securing improvements in Middlesbrough's housing, infrastructure and attractiveness, improving the town's reputation, creating opportunities for local people and improving our finances.

Business - Promoting investment in Middlesbrough's economy and making sure we work as effectively as possible to support our ambitions for People and Place.

Which of the priorities in the Strategic Plan 2021-2024 does the topic meet?

Children and Young People	We will show Middlesbrough's children that they matter and work to make our town safe and welcoming and to improve outcomes for all children and young people.
Vulnerability	We will work to address the causes of vulnerability and inequalities in Middlesbrough and safeguard and support the vulnerable.
Crime and Anti-Social Behaviour	We will tackle crime and anti-social behaviour head on, working with our partners to ensure local people feel safer.
Climate Change	We will ensure our town acts to tackle climate change, promoting sustainable lifestyles.
COVID-19 recovery	We will ensure the recovery of local communities, businesses and the Council's operations from COVID-19, taking opportunities to build back better.
Physical Environment	We will work closely with local communities to protect our green spaces and make sure that our roads, streets and open spaces are well-designed, clean and safe.
Town Centre	We will transform our town centre, improving accessibility, revitalising unused assets, developing iconic new spaces and building more town centre homes.
Culture	We will invest in our existing cultural assets, create new spaces and events and improve access to culture.
Quality of Service	We will ensure that we place communities at the heart of what we do, continue to deliver value for money and enhance the reputation of Middlesbrough.

Purpose of Investigation:	Desired Outcomes:

Terms of Reference:

Key Issues/Lines of Enquiry:	Risks:

Venue:	Timescale:
INFORMATION AND SOURCES	**Allocation of Tasks – Who is doing each task:**
Documents/evidence (e.g. performance data, information from department):	
Witnesses:	
Research/Consultation (e.g. legislation or info from other organisations):	

Site Visits:	

Officer Support from other departments:	**Budget Requirements (e.g. hire of minibus for site visit etc.):**

Target Body for Recommendations:

This page is intentionally left blank

HEALTH SCRUTINY PANEL
OPIOID DEPENDENCY: WHAT HAPPENS NEXT? - ACTION PLAN

11 MAY 2021

SCRUTINY RECOMMENDATION	PROPOSED ACTION	POST TITLE	BUDGET COST	TIMESCALE
a) That the public health approach to drug dependence be continued and the benefits of introducing safe spaces in Middlesbrough for people to consume substances (drug consumption rooms) be further explored. Drug consumptions rooms have been successfully used elsewhere in the world (including in Europe and in Canada) for approximately 16 years and no one has ever died of a drug overdose in any of these facilities. Middlesbrough could in the future be a pilot for the adoption of such an approach in the UK.	Proposed recommendation to explore a pilot of drug consumption rooms cannot accepted currently because there is no legal basis for this. If this changes then the Council would consider the potential for such a space in Middlesbrough. To assist this we will utilise our links with PHE colleagues an opportunities presented by project ADDER to ensure conversations continue to take place and explore future potential for Middlesbrough pilot within lifetime of project ADDER.	Mark Adams – DPH		N/A March 23
b) That the local authority writes to the government to request that it reconsiders national policy in respect of drug consumption rooms (DCRs). Given that DCRs are a provable harm reduction tool that reduces the risk of overdose, improves people health and lessens the damage and costs to society.	Not applicable. Scrutiny would be required to progress this via a motion at Full Council with support from officers on wording as required.			N/A

c) That a new capital funding bid for a 16-18 bedded detox and drug rehabilitation facility at Letitia House be submitted. Public health benefits and financial savings could be achieved when compared to the current costs of funding individual 7-10 day detox programmes out of area.	This action is no longer possible. NewWalk CIC have purchased Letitia house from the council. Alternative detox provision is being explored regionally and dedicated funding secured from PHE to enhance detox capacity in 2021/22. Regional pilot to be carried out in 21/22 to inform future approach.	Rachel Burns - Advanced practitioner	TBC	N/A June 21
d) That funding for the Heroin Assisted Treatment (HAT) programme be priortised by partners in South Tees and the current level of investment continued for the foreseeable future.	Probation contribution secured on on-going basis Utilise Project ADDER funding to secure remaining costs (funding proposal has been submitted to cover from October 21- March 23) PCC contribution to be confirmed post May election	Jonathan - Advanced practitioner Bowden	TBC	Complete May 21 May 21
e) That the local authority writes to the relevant Minister highlighting the success of the Heroin Assisted Treatment Programme (HAT) in Middlesbrough and how it is a demonstrably effective way of treating drug addiction.	Build in discussion to ADDER national board discussions at initial pilot end and follow up with formal letter from the Director of Public Health	Mark Adams - DPH		October 21
f) That the high quality drug treatment facilities available in Middlesbrough are recognised and that the town develops as a Recovery Orientated System of Care (ROSC) further.	This will be highlighted through project ADDER. Enhance recovery ambassadors and peer led programmes in our vulnerable persons' model and develop our own cohort of ambassadors/peer mentors	Jonathan Bowden- Advanced practitioner		March 22

g) That in an effort to reduce the stigma associated with drug dependency a proactive approach is undertaken to promote the town's vibrant recovery community. Middlesbrough is a town where recovery from drug dependency is possible, recognised and celebrated. The town has outstanding substance misuse treatment services and innovative harm reduction initiatives in place. Work needs to be undertaken to ensure Middlesbrough is recognised locally and nationally as a Recovery Town/City.	Recommencement of work (paused due to COVID) to secure recovery city status for Middlesbrough See also linked actions in f	Jonathan Bowden - Advanced practitioner		March 22
h) That in respect of the areas for improvement put forward by Tees, Esk and Wear Valley NHS Foundation Trust it is ensured that a number of measures are implemented including:- • That quick and reliable access to specialist Substance Misuse support is made available to the Community Crisis Team, Crisis Assessment Suite and Inpatient wards • That Substance Misuse workers, Social Workers and other colleagues are included in the single point of access in Mental Health for joint triage/joint initial assessment • That Substance Misuse workers attend joint meetings, as arranged by TEWV, including formulation and pre-discharge • That Substance Misuse Services contribute to TEWV's co-produced	Following the successful NHSE Crisis Bids in 2021-2024 the below will be developed: TEWV has already budgeted to fund a Substance misuse team 3 x substance misuse workers to work across the Crisis assessment & triage team and home intensive teams which will be in place by October 2022. TEWV to recruit the substance misuse workers who will be part of the teams and involved in the referrals and joint assessments, meetings and huddles. For TEWV inpatient formulation/discharge planning meetings we need to ensure that we continue to send invites to (and have representation from) substance misuse. We need to reinvigorate this and will use the Dual Diagnosis	Elspeth Devanney-TEWV AMH service lead	Tewv funded Tees Substance Misuse workers £139,959	October 22

Crisis management plans / Wellness Recovery Action Plans (WRAP) • That a programme of joint clinics (Mental Health/Substance Misuse) to meet the needs of dual diagnosis patients be established • That the role of peer support workers across all organisations be increased • That prescribers in Substance Misuse services work with TEWV prescribers to ensure enhanced sharing of information • That cross fertilisation in terms of training for Substance Misuse and Mental Health workers be established	network as a forum to take this forward. To continue with monthly MDT huddles with staff from TEWV and substance misuse workers To Commence VSC contract for substance misuse To recruit a further 3x Peer support workers into the crisis team to work with substance misuse To have an identified prescriber in TEWV teams who liaise with their counterpart in locally commissioned Substance misuse team. The aim is to educate, share knowledge and skills within the team for Substance misuse and MH workers	Elspeth Devanney-TEWV AMH service lead Elspeth Devanney-TEWV AMH service lead	TEWV funded Peer support workers £84,557	December 22 December 22
i) That pathways for young people at risk of drug dependency be developed and a way for those already dependent to access timely treatment provided.	A dedicated task and finish group has been established All provisional work has been completed in preparation for the launch of the Young Peoples Substance Misuse Service, monitoring and review to take place	Jo Russell – Health Improvement Specialist		Complete September 21

j)	That prescribing substitute treatment for those under 18 years be further explored and the preferred option piloted.	This applies to very small number of individuals and pathways are already in place to ensure this support is provided as needed,. Suggest no further action is required	N/A		N/A
k)	That the Personal, Social, Health and Economic (PSHE) education delivered in Middlesbrough schools in respect of drugs and alcohol be reviewed by public health professionals to ensure our teachers and school leaders are equipped with the local knowledge they need to deliver an enhanced educational offer to our children and young people.	Good base line resources are in place and to be locally tailored Curriculum 4 Life CPD area to be available for school staff	Jo Russell-Health Improvement specialist		September 21
l)	That support for children experiencing parental opiate dependence be commissioned and the number of children being reached and supported reported.	Through action i) children will be identified and engaged. Numbers will be part of routine monitoring on the new vulnerable persons model system going live form April 2021	Rachel Burns		September 21 Numbers to be reported at October 21and March 22
m)	That the best practice approaches adopted elsewhere in the UK in respect of opioid deprescribing for persistent non-cancer pain (for example, those put forward by Nottinghamshire Area Prescribing Committee) be taken up by Tees Valley CCG and promoted amongst Primary Care Networks (PCNs) in Middlesbrough.	Work is already underway to address and highlight the high levels of opioid prescribing in Middlesbrough GP practices. We have a pain management guideline available for prescribers https://medicines.necsu.nhs.uk/download/county-durham-tees-valley-primary-care-pain-management-guideline/ We also have a position statement on prescribing for persistent pain https://medicines.necsu.nhs.uk/downlo	Alastair Monk Medicines Optimisation Pharmacist- CCG		This is live now, and the resources are live on our NECS MO website. The resources will be reviewed when national updates become

	ad/cdtv-apc-position-statement-prescribing-for-persistent-pain/ Middlesbrough GP practices have also signed up to receive bi-monthly CROP (Campaign to reduce opioid prescribing) reports – as part of an initiative co-ordinated by the Academic Health Science Network In addition JCUH have introduced an opioid prescribing policy to ensure short course of opioid medication prescribed for patients post-surgery, are not continued unnecessarily by GP practices			available
n) That in 2021/22 GP lists in Middlesbrough be screened using the I-WOTCH inclusion and exclusion criteria to establish the number of patients who could benefit from education on opioids and managing chronic pain. Following identification an appropriate initiative be developed to target those patients. In order to ensure that prior to the outcome of the pharmacist led opioid and gabapentinoid reduction proposal early steps are taken to provide people with alternatives approaches to pain management.	Pharmacists employed by GP practices and PCNs across Middlesbrough took part in 2 opioid prescribing education sessions in December 2020. The 2 sessions were delivered by members of the IWOTCH team, which included Professor Sam Eldabe, consultant anaesthesiologist, from JCUH. Other presenters included Jane Shaw, Nurse pain specialist from JCUH, and Grace O'Kane, pain specialist pharmacist from JCUH. The pharmacist are now empowered to conduct their own opioid reduction clinics in practice, and prescribing of high dose opioid medication will be measured on an on-going basis over the next 6 months to assess further reductions in prescribing	Alastair Monk Medicines Optimisation Pharmacist- CCG		This live now, and work will continue throughout 2021 and into 2022

o) That if the opioid and gabapentinoid reduction programme currently being piloted proves successful TVCCG invests sufficient resources to ensure the programme is scaled-up and the number of patients prescribed strong opiates for chronic non-malignant (non-cancer) pain in Middlesbrough is reduced.	The CCG has already released funding to enable one day per week of the pain specialist pharmacist from JCUH to work in primary care supporting the practice based pharmacists in Middlesbrough (and the wider CCG). The role will hopefully develop in order for further education sessions to take place targeted at newly recruited practice pharmacists	Alastair Monk Medicines Optimisation Pharmacist- CCG		CCG funding has been agreed for the financial year 21/22, and support will be provided during this time

This page is intentionally left blank

Heroin/Diamorphine Assisted Treatment Pilot (HAT/DAT) Update.

Health Scrutiny Panel – 11 October 2022.

Jonathan Bowden – Programme Manager - Addictions and Vulnerable Groups Team, Public Health South Tees.

From Harm to Hope – National Drug Strategy

- The ten year drugs plan to cut crime and save lives, along with the JCDU partnership frameworks to underpin local systems, including treatment and recovery service models.

- The strategy outlines three main priorities:
  1. Break drug supply chains.
  2. Deliver a world-class treatment and recovery system.
  3. Achieve a shift in demand for recreational drugs.

- The strategy recognises that half of people dependent on opiates and crack cocaine are not in treatment, and that drug addiction co-occurs with a range of health inequalities, especially mental health issues, homelessness, and deprivation.

- Additional Government investment is in place to supplement this approach until at least 31/3/25.

Dame Carol Black Review – Part Two:

- Treatment and recovery offers across the country have become significantly worse due to the considerable budget reductions over many years:

  "We recommend that from 2022, DHSC require local authorities to spend drug treatment funding, current and additional, on these services and not on other things."

- Caseload sizes are unsafe:

  "The drug treatment and recovery workforce has deteriorated significantly in quantity, quality and morale in recent years, due to excessive caseloads, decreased training and lack of clinical supervision. A recent workforce survey showed that drug workers had caseloads of between 50 and 80, sometimes rising as high as 100 people. Good practice suggests a caseload of 40 or less, depending on complexity of need. Such high caseloads reduce the quality of care provided and the effectiveness of treatment. Focus should be on providing high-quality personalised care"

Dame Carol Black Review – Part Two:

- Increasing the meaningful involvement within local systems for people with lived experience, including more peer support (but not in terms of doing work that should be provided by professionals):

  Lived Experience Recovery Organisations (LEROs) should form part of local leadership and innovation, so that services are tailored to local needs within a strong partnership approach. Successful treatment and recovery systems include smaller, locally led voluntary-sector organisations.

- Drug use among young people continues to increase – 1 in 3 children have taken drugs in the last year. Engaging YP into support is not effective and they are becoming increasingly vulnerable to coercion, e.g. County Lines:

  Improved prevention is key to stemming the tide, including more effective work into schools and education settings. Enhanced, age-appropriate evidence-based services and support, particularly for mental health, will build resilience and avoid substance misuse. Local authorities should identify, and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply.

Dame Carol Black Review – Part Two:

- Closer working and improved capacity between mental healthcare and substance use.

  More than 2/3 of our local treatment/recovery population are affected by issues related to mental health.

- That local authorities commission a full range of evidence-based harm reduction and treatment services to meet the needs of their local population.

  "Since 2012, the government has entrusted all decision making on drug treatment services to local authorities, with virtually no accountability or recognised standards. The current system of local commissioning is fractured."

- Drug-related issues are so widespread that local areas all need effective Recovery-Orientated Systems of Care (ROSC), including the offer of suitable housing, employment pathways and recovery support to address multiple unmet needs. Drug dependence can be both a cause and a consequence of homelessness/rough sleeping.

  "Having a healthy home is key to recovery and treating homeless people for drug misuse is exceptionally difficult unless their housing needs are addressed at the same time. Currently local authority housing services do not systematically provide the support that is needed, and there are shortcomings in the availability of specialist housing support (for example 'supported housing', 'recovery housing' or 'floating support') tailored to meet the specific needs of the population in drug treatment."

…at a glance

- Approx. £4.5m over 2.5 years;
- High profile, national programme;
- Creation of new, specialist roles in Middlesbrough;
- Can share the learning/good practice across Cleveland/the region;
- Multi-faceted, in line with national drugs strategy:
  - Enforcement
  - Diversion
  - Treatment/Recovery.

- South Tees Public Health (STPH) receive £1.3m p.a. for the ADDER Diversion and Treatment/Recovery elements;
- There is the expectation that a broad menu of interventions/activity is delivered with this funding, as per the strategy/DCB recommendations;
- Middlesbrough's ADDER plan has a broad, ambitious scope, in line with the significant local need;
- Staff working into childrens' services, TEWV, criminal justice settings, specialist roles that had been lost, near misses to prevent further drug-related deaths, etc.;
- Range of workstreams including BRIM, Harm Reduction, training/development across the system, etc.

HAT/DAT Pilot Overview

- Has been running for 3 years and delivered undoubted benefits for some patients;
- STPH have played an intrinsic role in both mobilising and enabling the pilot to be delivered – fully invested in it being successful;
- Funding sources have changed throughout this time, however, utilising the infrastructure provided by Foundations' core contracts has been a constant;
- Capacity was initially 14-15, reducing to 10 x patients – but the pilot has never consistently managed to engage more than single figures;
- Medicine has to be ordered in minimum quantities equating to 6 months of supply, at great expense.

HAT/DAT Pilot Funding Situation

- Needed to be a system-wide approach for sustainability;
- We have collectively sought to do this;
- HAT/DAT contribution is the single largest amount of funding within the M'bro ADDER budget;
- **The existing ADDER funding was never pulled nor in doubt – it remains in place and was the agreed 2022/23 funding level**;
- It was anticipated to continue for the next two financial years to 31/3/25.

HAT/DAT Pilot Funding Situation

- The issue was finding a significant, additional amount that Foundations stated was required to continue the pilot to 31/3/23;
- This would have amounted to almost a quarter of the ADDER annual funding for treatment/recovery being spent on 7-10 people;
- It would have meant proposing to OHID and Home Office leads that we stopped delivering other, existing ADDER activities in order to facilitate the additional funding for HAT/DAT;
- The extremely difficult decision was taken locally that, as costs were continuing to increase and the number of the agreed beneficiaries was not reaching the capacity, that the pilot would need to end;
- The existing patients could be supported via comprehensive, alternative means within the system.

Transition planning:

- Patients are the absolute priority – a safe and supported transition;
- STPH are supporting Foundations and our wider substance misuse services to ensure bespoke plans are in place for every individual;
- All options – detox, rehab, long-acting OST, etc. – are being considered;
- OHID and other Government departments are happy to support however they can;
- The learning is being captured by the follow-up Teesside University evaluation work.

PUBLIC HEALTH
SOUTH TEES

Thanks, any questions?