Meeting of the Health and Adult Social Care Scrutiny Committee

20th April, 2022 at 6.00pm
In Committee Room 2 at the Council House, Priory Road, Dudley

Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.

2. To report the appointment of any substitute members serving for this meeting of the Committee.

3. To receive any declarations of interest under the Members' Code of Conduct.

4. Public Forum

5. NHS Quality Accounts 2021/22 (Pages 1 - 36)

6. Dental Services Briefing (Pages 37 - 61)

7. Corporate Quarterly Performance Report – Quarter 3 (1st October, 2021 to 31st December, 2021) (Pages 62 - 79)

8. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).

Chief Executive
Dated: 8th April, 2022

Distribution:

Councillor M Rogers (Chair)
Councillor C Neale (Vice-Chair)
Councillors R Ahmed, P Atkins, T Crumpton, P Drake, A Hopwood, L Johnson, P Lee, P Lowe, K Razzaq, S Waltho, M Westwood

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- Face masks may be removed when you are participating in the meeting.
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Submitting Apologies for Absence

- Elected Members can submit apologies by contacting Democratic Services (see our contact details below). Members wishing to appoint a substitute should notify Democratic Services as soon as possible in advance of the meeting. Any substitute Members must be eligible to serve on the meeting in question (for example, he/she must have received the training required by the Council).

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Agenda Item No. 5

Health and Adult Social Care Scrutiny Committee – 20th April, 2022

Report of the Lead for Law and Governance

NHS Quality Accounts 2021/22

Purpose

1. To consider the draft Quality Reports and Accounts of NHS providers for 2021/22 and the priorities set out for the services for the forthcoming year.

Recommendations

2. It is recommended that the Committee:-

   - Note the contents of the reports and appendices to the report;
   - Provide feedback and comments on the draft quality reports and accounts of NHS providers.

Background

3. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and its plans for improvement with the aim of enhancing accountability, and supporting the local quality improvement agenda. Publication of QA's occur annually and providers are required to publish their QA's on the National Health Services Choices website.

4. Members are requested to provide feedback and make comments on the draft QA's, prior to submission to NHS Partners for consideration to be given to incorporating into the final version.

5. Representatives from NHS organisations will be in attendance at the meeting to present a summary of their QAs to Members. Support and guidance about what Members may wish to focus particular attention on has been provided by Public

Health Officers in the accompanying Quality Accounts Checklist, attached as appendix 1.

6. Members may also wish to provide a short statement to each NHS organisation following the Scrutiny Committee, to endorse them and/or highlight particular points of praise or concern in the provider's Quality Accounts; these statements may be included in final versions of the Quality Accounts.

7. Final versions of the QA's will be circulated to Members electronically accordingly.

Finance

8. The costs of operating the Council's scrutiny structure are contained within existing budgetary allocations. There are no direct financial implications arising from the report.

Law

9. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

Risk Management

10. The Council is committed to adopting best practice in its management of risk. It aims to ensure risk is maintained at an acceptable level in order to maximise opportunities and demonstrate that it has given full consideration of the implications of risk to the delivery and achievement of its outcomes, strategic aims and priorities.

Equality Impact

11. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Human Resources/Organisational Development

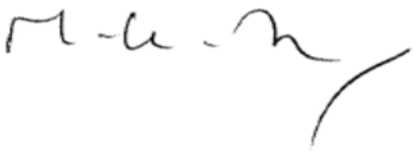
12. Human resources and organisational development implications for NHS Providers have been addressed within each respective draft QA report.

Commercial/Procurement

13. Commercial/Procurement implications for NHS Providers have been addressed within each respective draft QA report.

Council Priorities

14. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens.



Mohammed Farooq
Lead for Law and Governance

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Email: helen.mills@dudley.gov.uk

Appendices

Appendix 1 – Quality Account Checklist
Appendix 2 - Quality Accounts of NHS Providers 2021/22

Appendix 1

What is an NHS Quality Account?

A Quality Account is a report about the quality of services provided by NHS healthcare services, excepting primary and continuing healthcare. The report is published annually by each NHS healthcare provider and made available to the public.

What is included in an NHS Quality Account?

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided;
- The organisation's priorities for quality improvement for the coming financial year;
- A series of statements from the Board;
- A review of the quality of services in the organisation.

Quality Accounts from different organisations will all differ slightly. Below is a description of what is usually included in a Quality Account, with definitions of key terms and questions that Members may wish to consider when scrutinising them.

At least three priorities for improvement

Looking back – Quality Accounts will likely include a review of the previous year's priorities, the rationale for inclusion and the progress made against them

Looking forward – Organisations must decide on at least three areas where they are planning to improve the quality of their services in the upcoming financial year.

Questions to consider:

1. *Do the provider's priorities match with those of the public?*
2. *Has the provider omitted any major issues (particularly ones of importance to your constituents)?*
3. *Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?*

Review of services

This will include information on what services are provided.

These are often reviewed against three quality domains:

- Patient safety – having the right systems and staff in place to minimise the risk of harm to patients and being open and honest and learning from mistakes if things do go wrong.

- Clinical effectiveness – the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.
- Patient experience – what the process of receiving care feels like for the patient, their family and carers.

Question to consider:

4. *Does the description of health care in the Quality Accounts resonate with the experience of local people accessing the service recently?*
5. *How is the organisation capturing learning from complaints and ensuring that it is being used effectively to improve services?*

Providers are asked to demonstrate or measure quality in the following ways.

Indicators of quality

Quality indicators are standardised, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

NHS providers are required to report on a prescribed set of quality indicators in their Quality Accounts. There are fifteen quality indicators, covering five domains of quality:

Domain 1 - Preventing people from dying prematurely
Domain 2 - Enhancing quality of life for people with long-term conditions
Domain 3 - Helping people to recover from episodes of ill health or following injury
Domain 4 - Ensuring people have a positive experience of care
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Trusts only have to report on those that are relevant to the services they provide. As all NHS trusts report against these quality indicators in a standardised way, they provide a useful way for trusts to compare their performance against the national average. However, some indicators should be interpreted with particular caution, for example the Summary Hospital-level Mortality Indicator (SHMI) (see guidance). There may be justifiable reasons that a trust appears to be performing outside of where the average range of values lies.

Question to consider:

6. *Where a trust is performing below or worse than national average for a quality indicator, what explanation has been given?*

Clinical audit

Clinical audit is a way of providers finding out whether they are doing what they should be doing by reviewing how well they are following guidelines and applying best practice.

These may be national, e.g. Royal College of Emergency Medicine Fractured Neck of Femur audit. This looks at whether patients coming to Accident & Emergency departments with a broken hip are treated in a timely way and in accordance with national guidelines. National audits allow providers to compare themselves with other services across the country.

Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team.

Providers are expected to make statements on their participation in clinical audit in their Quality Accounts. This demonstrates the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

Question to consider:

7. *How is the organisation capturing learning from audit and ensuring that it is being used effectively to improve services?*

Clinical Research

Clinical research evaluates treatments or compares alternative treatments when there is uncertainty about what the best way of treating or managing patients is. Clinical research is a central part of the NHS, as it's through research that the NHS is able to offer new treatments and improve people's health.

Providers are expected to make statements on their participation in clinical research to demonstrate they are actively working to improve the drugs and treatments offered to their patients.

Statements from the Care Quality Commission (CQC)

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC or they will not be allowed to operate. A statement must be provided in the Quality Account about a providers CQC registration. They must also give information on what reviews or investigations the provider has taken part in and what the CQC said about the provider.

Data quality statements

Organisations need to collect accurate data so they can define the quality of the services they provide. The statements in the data accuracy section are designed to give an indication of the quality and accuracy of the information an organisation collects. Organisations are asked to give statements on:

- The percentage of patient records held by an organisation that include a patient's valid NHS number and General Medical Practice Code
- The score that a provider achieved after a self-assessment. Organisations use the Information Governance Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes used in the organisation to collect data.
- The third statement provides information on the number of errors introduced into a patient's notes.

Additional question to consider

8. *Dudley Council's three core priorities (Grow the economy and create jobs, Create a cleaner and greener place, and Support stronger and safer communities) all impact on health, either directly or indirectly. Does the organisation bring any wider benefits to the population of Dudley that align with these priorities?*

Dr. Kate Phillips, Specialist Registrar in Public Health, DMBC
Dr. David Pitches, Head of Healthcare Public Health and Consultant in Public Health, DMBC

Appendix 2

Dudley Integrated Health and Care NHS Trust

2021/22 Quality Account

Please note

Due to the timing of the April HASC meeting, a number of elements of the DIHC Quality Account are yet to be finalised, including the inclusion of finalised data to include March 2022 which had not been available to include at the time of producing this draft.

This document does therefore represent a very early draft Quality Account and will be subject to a number of further changes and additional information being incorporated. In addition, no formatting has been applied including the inclusion of relevant graphics and pictures which are planned in order to make the information more accessible and meaningful to the public.

To aid meaningful review, an indication has been given of the type or nature of expected changes by way of a drafting note in ***highlighted text***.

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About this document

Each year all NHS Trusts are required to produce an annual Quality Account to provide information on the quality of the services it provides to the public. It follows a set structure to enable direct comparison with other organisations.
Dudley Integrated Health and Care NHS Trust (DIHC) welcomes this opportunity to be transparent and place information about the quality of our services into the public domain and for our approach to quality to be subject to scrutiny and debate. This includes information on:

- What we are doing well
- Where we can make improvements in the quality of the services we provide
- How we have performed against our priorities for improvement as set out in our last Quality Account.
- How we have involved our patients, service users, families and other stakeholders in evaluation of the quality of our services and determining our priorities for improvement over the next 12 months

Copies of this document are available from our website at www.dihc.nhs.uk, by email to: dihc.communications@nhs.net or in writing from: [address]
If you would like this report in a different format, such as large print, or need it in a different language, please contact our Communications Team who can organise this for you on [number] or email: dihc.communications@nhs.net

Foreword and Welcome from Sue Nicholls

Director of Nursing, Allied Health Professionals and Quality

I am delighted to introduce the 'Annual Quality Account' for Dudley Integrated Health and Care Trust. This account relates to the past year i.e. 2021/2022 and describes a number of key quality achievement's including the successful implementation of our Quality Priorities. It also describes the quality priorities that we will focus on during this year (2022/2023) together with the rationale of why we have prioritised them and the engagement undertaken with our teams and communities.

This last year has continued to prove challenging on a number of different levels. The ongoing challenge of Covid has been difficult for our staff, our patients and communities and we marked the two-year anniversary of the first lock-down.

Our teams have continued to work together to deliver the services in the most responsive way possible for our patients and communities. For example, our teams were pivotal in the delivery of the covid vaccination programme. They developed and provided the Dudley primary care winter access hub at pace ensuring the delivery of responsive, safe and effective care. Our teams have continued to adapt to working very differently utilising the technology that was beneficial to ensure we could keep connected with 'People' in different ways.

We have also had a number of new services and teams join us this year including the Dudley School Nurses, a number of Allied Health Professionals and Clinical Support Teams who are supporting our primary care colleagues with the responsiveness of primary care. We continued our focus on Infection Prevention and Control to ensure that the safety of our staff and our patients was in the forefront of our minds together with strengthening our Safeguarding team. As a Trust we have placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment and additional wellbeing support.

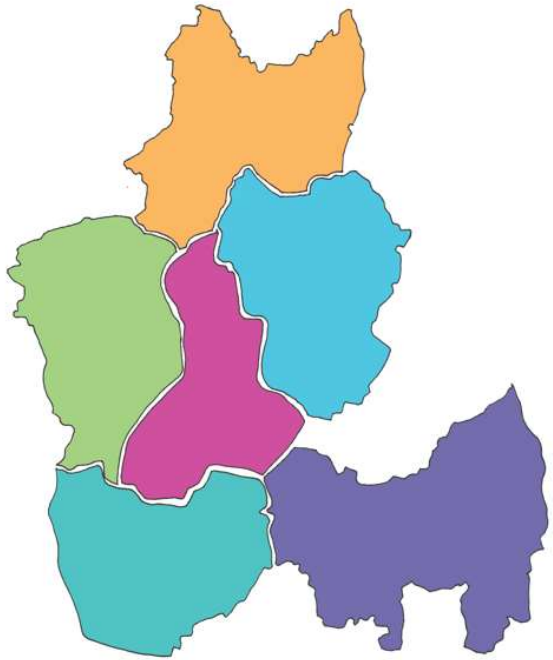
I am immensely proud that we are able to showcase through this Quality Account some of the fantastic work that our teams have undertaken during this past year. As a learning organisation we recognise that we need to continuously review, develop and embed safe and effective ways of working and will continue to focus on this as a priority. We recognise that investing in our staff is key to the delivery of safe, effective and caring services.

Further wording to be included; picture to be added

About Dudley Integrated Health and Care NHS Trust

Dudley Integrated Health and Care NHS Trust was formed in 2020 to provide integrated, community-based healthcare services to the people of Dudley. We serve a population of just over 328,000 people, with the aim of supporting "*Community where possible, hospital where necessary*".

The Trust was created by the local system partnership in Dudley who are implementing a model of care that integrates primary care with community-based services to provide the optimum opportunity for caring for as many people as possible in their home.



We are a new type of NHS organisation that are also focussed on supporting the development and sustainability of primary care. We work very closely with our Primary Care Networks (PCNs) and all of our practices to support them to deliver their services and develop out of hospital care. This support includes employing a number of PCN Additional Roles Reimbursement Scheme (ARRS) staff as well as directly providing day to day management support to Chapel Street Surgery.
In addition, we are also contracted by the local Clinical Commissioning Group to support the commissioning of community-based services.

At the heart of what we do is putting patients first with care and wellbeing services and support wrapped around them. Our communities are diverse with a rich culture and heritage and DIHC are proud to be rooted in these communities and committed to improving healthy life expectancy and reducing health inequalities. Our focus is improving the health of our local population.

We employ x staff who provide a range of services across our six Primary Care Network geographical localities, many provided from one of the 43 GP practices in the Dudley borough.

The vision for the Dudley system is working together, connecting communities, enabling co-ordinated care to live longer, healthier, happier lives. Our aims, purpose and commitments describe the essence of our organisation and what we are here to achieve.

Further wording to be included and staff numbers to be added; picture to be amended

Aim, Purpose & Commitments

Aim

Dudley first: community where possible, hospital where necessary

We are truly different. We are a new type of NHS organisation created to serve our Dudley population in a genuinely integrated way.

Purpose

To connect with the people of Dudley, embrace our diversity and support them to live longer healthier lives.

We will do this by ensuring everyone involved in the provision of care works together, keeping the person at the heart of everything they do.

Commitments

Put people first

We will:

- Care and advocate for all
- Provide the highest quality care
- Speak up for those who cannot or ask us to.
- Empower our service users to be joint decision makers in their care

Enable and support our staff

We will:

- Ensure our staff have the skills to deliver our purpose to the best of their ability
- Put their safety at the forefront of operational delivery
- Proactively support their health and wellbeing

Commitments continued

Simplify what can be complex

We will:

- Enable our staff to create and innovate.
- Empower them with the skills and resources so they can improve and transform the services they provide.
- Make this a priority freeing up their time to participate.
- Make our services easy to navigate for both patients, staff and citizens
- Work with our citizens to be the co-designers of future services

Be accountable for our actions

Our job is to serve the people of Dudley and ultimately; they will judge our actions:

- Each of us has a personal responsibility for our decisions and actions; to be leaders. Only through our actions will we build trust and respect for the work we do.
- Be accessible and responsive - listen to our staff, service users and local population; actively seeking those whose voice is quieter than others or those that are 'hard to reach'; and then respond with the means available to us.
- We will behave inclusively, building on our diversity
- We will encourage our population to be part of our future workforce and service suppliers

Our Services

Below is a summary of the services we provide. For further information please visit our website www.dihc.nhs.uk

Mental Health

Dudley Talking Therapies (IAPT)
Part of the national Improving Access to Psychological Therapies (IAPT) programme. Provides psychological support to over 16s in Dudley by offering a number of evidence-based therapies, advice and information.

Primary Care Mental Health Service
Supports individuals 16 and over who are experiencing a range of mental health problems. Primary care mental health nurses work from GP surgeries, offering assessment and brief intervention as part of Dudley's Integrated Care Teams (ICTs).

Primary Care

High Oak Surgery
A GP practice serving the communities of Kingswinford, Wall Heath, Pensnett, Brierley Hill, Wordsley, Gornal Wood and Dudley. Also hosts the Winter Access Hub providing extra appointments for children & adults.

PCN services
Funded by the national ARRS, a range of services supporting primary care. Services include Social Prescribing Link Workers, First Contact Physiotherapists, Health & Wellbeing Coaches, Clinical Pharmacists, Physician Associates, First Contact Podiatrists, Care Co-ordinators, Dietitians and Occupational Therapists.

Pensnett Covid-19 Assessment Centre
Following on from last year, this service continued into 2021/22.

Children & Young People

Dudley School Nursing
Our School Nurses work in partnership with families and other professionals to promote and support the physical and emotional well-being of all children and young people of statutory school age.

Children's and Young Peoples' Continuing Care
Continuing Care is the package of care for children and young people who have complex on-going healthcare needs that cannot be met by existing universal or specialist services alone.
The team provide assessment services on behalf of Dudley CCG who currently fund the packages of care

Other Adult

Adult Continuing Health Care (CHC)
CHC is the package of care arranged and funded by the NHS for individuals who are not in hospital but have complex on-going healthcare needs. The CHC team provide assessment services on behalf of Dudley CCG who currently fund the packages of care.

Clinical Support

Pharmaceutical Public Health
Team of clinical pharmacists providing support to every GP practice in Dudley with the aim of optimising the use of medicines by the people of Dudley

Looking back – reporting on our 2020/21 priorities for improvement

In our last account we chose 14 priorities for improvement under five key headings, representing the focus on developing the Trust during its first year. These themed areas are also linked back to the core areas of quality of safe, effective and experience.

These areas were:

- Protecting and supporting vulnerable people [Safe]
- Underpinning clinical systems and processes [Effective]
- Integrated primary care and community pathway development [Effective]
- Developing service user and staff engagement & feedback [Experience]
- Inclusivity and equitable access [Experience]

The following information reviews our progress this year against each of the 14 priorities identified.

Despite the challenges of the covid-19 response, over 50% of our planned objectives were fully achieved, with good, demonstrable progress having been made in all 14 priorities.

NB information based on last formal review of progress but since then further progress has been made; content therefore subject to review following final end of year assessment and is expected to reflect more priorities having been achieved.

Safe: Protecting and supporting vulnerable people	
Ensure that staff are competent and confident to apply the most appropriate legal frameworks regarding safeguarding	Achieved
Why we chose this	**What we have done**
There is a need for services to understand and be able to apply the most appropriate legal frameworks in each situation including the Mental Capacity Act and Community DOLs.	• Safeguarding training needs analysis undertaken and training passport developed. • Safeguarding supervision policy implemented • CDOLs review undertaken and training and awareness via safeguarding partnership Board • Named nurses for Adults commenced
Establish a community learning disability wellbeing service	Partially achieved
Why we chose this	**What we have done**
To develop a clinical model that reduces unwarranted variation in quality and outcomes and effectively addresses the safeguarding needs of our LD population	• Multiagency/multi-disciplinary LD steering group in place • Training and awareness for annual health checks implemented including education package, filming (with consent) of clients undergoing annual health checks for training purposes. • Increased awareness about the thrive into work programme
Development of a homelessness pathway and outreach service	Achieved
Why we chose this	**What we have done**
No specific service provision in place and as a result provision of services to homeless people is ad-hoc and dependent on which practice they are registered with	• Multiagency/Multidisciplinary homeless steering group in place • Education workstream implemented • 2-year pilot commenced to support people who are homeless or experiencing structural vulnerability to identify and support people who require palliative and end of life care

Effective: Underpinning clinical systems and processes	
Development of RLDatix reporting system	Achieved
Why we chose this	**What we have done**
Robust reporting and management systems are essential for core clinical governance processes including incidents and feedback. RLDatix software provides the platform for these processes.	• RLDatix system implemented for the recording and managing incidents, patient feedback, safety alerts and service-level risk management
Development of EMIS for School Nursing Service	Achieved
Why we chose this	**What we have done**
All staff have a responsibility to record contacts with patients/clients contemporaneously; access to up-to-date records improves contact for the client and practitioners will have knowledge of historical services. EMIS is a fit for purpose Electronic Patient Record (EPR) system	• EMIS EPR implemented within the service
Development of a robust L&D strategy	Partially Achieved
Why we chose this	**What we have done**
Trained and supported staff provide an enhanced service experience for clients. A clear strategy will ensure consideration of core clinical training requirements and encompasses clinical supervision	• L&D strategy developed • Safeguarding training needs analysis undertaken and Safeguarding supervision implemented and a clinical supervision policy and programme developed • Initial clinical training needs analysis undertaken

Effective: Integrated primary care and community pathway development	
Roll out and expansion of the first contact MSK practitioner	Achieved
Why we chose this	**What we have done**
Rolling expansion of the programme required to ensure 100% coverage of the Dudley population, providing an MSK assessment with a practitioner who is better equipped to make a diagnosis and onward referral for diagnostics where required	• Service now covers all Primary Care Networks (PCNs) in Dudley • All Allied Health Professionals (AHPs) are actively completing accreditation relevant to their roles • AHP lead roles now clearly identified within the Trust to provide support
Establish a community based MSK/Pain clinic	Achieved
Why we chose these	**What we have done**
Developing increased capacity and activity will improve access to services within a community setting	• Clinic now up and running in the Dudley & Netherton PCN
Promote a person-centred approach to safe and effective medicines use	Partially Achieved
Why we chose this	**What we have done**
Clinical outcomes and patient satisfaction are likely to be better when decisions about medicines are made jointly between the person taking the medicine and the prescriber The safe and appropriate use of medicines will ensure the best clinical outcomes for our population.	Progress was slower than planned due to the Medicines Management team being repurposed to support the ongoing Covid Vaccination programme but were still able to: • Deliver required audit programme • Launch a Trust-wide non-medical prescribing workstream • Appoint a Governance and Professional lead to lead on this work • Active promotion of antimicrobial stewardship • Development of a structured medication review template to review and record interventions targeting high priority patients

Experience: Developing service user and staff engagement & feedback	
Development of service promotion	Partially Achieved
Why we chose this	**What we have done**
To increase awareness of our services throughout the wider community and alignment with other services	• IAPT service has a promotional team and identified lead working with the Communication & Engagement team to attend key events and engage with local communities, including through local colleges and job centres • Website information improved regarding service provision, including High Oak Surgery •
Development of a standardised patient reported experience measure (PREM)	Partially Achieved
Why we chose this	**What we have done**
To understand individuals experience following their stay in Intermediate Care rehabilitation facilities	• Implementation of the PREM has been delayed as a result of delayed feedback from the Annual report of the National Audit of Intermediate Care and the impact of Covid • However, a monthly audit tool is now being utilised within the team to capture concerns and improvements
Undertake a service expectation / feedback questionnaire for schools	Achieved
Why we chose this	**What we have done**
Seeking feedback will enable a better understanding of the impact of our service and enable improvements to be made, as well as support better forward planning	• Survey completed to capture children and young people's views of the service

Experience: Inclusivity and equitable access	
Deliver the Equality Diversity and Inclusion work programme	Achieved
Why we chose this	**What we have done**
Diversity and Inclusion in the workforce leads to improved health and greater staff and patient experiences of the NHS. This work stream will enable the Trust to recognise and value differences through inclusion and enable DIHC to shape the future of healthcare and its workforce through becoming a more inclusive employer.	• EDI plan in place, anti-racism campaign endorsed by Trust board and training throughout organisation • Values based recruitment and competency training rolled out •
To improve access to the IAPT service	Partially achieved
Why we chose this	**What we have done**
To ensure equitable access to IAPT services to the whole population	• Redesign on IAPT inclusive service information is in progress and an inclusion link worker has been established to help develop relationships with key communities and support how we reduce barriers to accessing mental health services

Our continuing commitment to Quality – our priorities for 2022/23

Dudley Integrated Health & Care NHS Trust are committed to continuously improving the quality and safety of the services that we provide. For 21/22, we identified a broad range of Quality Priorities that reflected the developmental phase of the trust in its first year of being in existence.

Building on the learning from these, the priorities identified for 22/23 represent a much more focussed approach around the three core elements of quality and safety – safe, effective and experience.

Awaiting focussed engagement sessions with patient representative groups in early April to discuss draft QPs and identify any amendments required – priorities therefore subject to some change and details of output / approach of user engagement will be included.

Introductory narrative still being written – to be added in

Safe:	
What are we going to do? • Implementation of the Patient Safety Incident Response Framework (PSIRF) • Strengthening of the patient safety specialist role • Roll-out of the patient safety syllabus for staff including mandatory compliance and recording	
Why we chose this	**How will we measure (our) success?**
We are an organisation that wants to ensure continuous learning and improvement in our services. We want to ensure that patients are protected from avoidable harms and that we are supportive of our teams to be open about mistakes and concerns.	• Compliance with the Trusts agreed KPI for mandatory training (KPI to be agreed) – e-learning for health patient safety syllabus • An agreed Trust framework for involving patients in patient safety and evidence of this in action • Providing additional training for staff in review of patient safety incidents • Improvements in relevant staff survey responses

Effective:	
What are we going to do?	
To develop a robust clinical audit programme (at organisational and service level) including associated training	
Why we chose this	**How will we measure (our) success?**
Implementing robust clinical audit and learning from the outcomes can significantly improve patient care It can make more effective use of clinical time and helps to advance practice. Clinical audit is a core component of the Trusts clinical governance framework and we want to focus on developing our teams to be able to undertake good, quality and meaningful clinical audit.	• Develop a clinical audit programme for 22/23 which is developed through engagement with our services and patients • Demonstrating that we are undertaking all relevant national clinical audits • Providing training to teams (KPI to be determined) • Demonstrate that we are widely learning and sharing audit findings across the Trust and the system as appropriate • Implement a clinical audit end of year showcase for teams

Experience:	
What are we going to do?	
• Equality Inclusion and Diversity, improving access to services for people with a learning disability or autism • Increase the rate of annual health checks for people over 14 years and on a GP learning disability register (national target 75%) and improve the accuracy of GP Learning disability registers within our primary care services • Bereavement EOL work for individuals with LD • Implement the Oliver McGowan Mandatory training in Learning Disability and Autism	
Why we chose this	**How will we measure (our) success?**
Evidence suggests that people with learning disabilities have greater healthcare needs that the general population and that these needs are often unmet. As an organisation with a clear focus on population health and health inequalities we want to ensure that we are accessible to individuals with learning disability making any reasonable adjustments required.	• Exceeding the national target for rate of annual health checks for people over 14 years and on a GP Learning disability register for our primary care services • Compliance with the Trusts agreed KPI for mandatory training (KPI to be agreed) • Undertake a comprehensive review of the learning disability improvement standards for NHS trusts with any resulting action plan overseen through the EDI Committee • Engage with people with learning disabilities to ensure our services are inclusive and responsive to their needs

Quality Measures & Assurance Statements

This section of the Quality Account will show how we measure our clinical processes and performance in order to meet the requirements and standards that are set for us and how we evaluate that the care we provide is of the highest standard, supported by a focus on continuous improvement.

A lot of the wording of the statements or the content provided in this section of the Quality Account is mandated by the NHS (Quality Accounts) Regulations which enables the public to see a standardised and transparent view of what different healthcare organisations have reported. This includes our performance against any relevant national indicators that we are required to report on; we have also provided information on other performance indicators that we feel are relevant and helpful to see.

Review of Services

During 2021-22, Dudley Integrated Health and Care NHS Trust provided and/or sub-contracted 9 NHS services:

- Dudley Talking Therapy Services
- Primary Care Mental Health Services
- High Oak Surgery (including Winter Assessment Hub)
- Pensnett Covid Assessment Centre
- Primary Care Network (PCN) services
- Dudley School Nursing team
- Children's and Young Peoples' Continuing Care (CC)
- Adults Continuing Health Care (CHC)
- Pharmaceutical Public Health

Dudley Integrated Health and Care NHS Trust has reviewed all the data available to them on the quality of care in all of these services. The income generated by the NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by the Dudley Integrated Health and Care NHS Trust for 2021/22.

Clinical audit

Clinical audit is a fundamental part of the quality improvement process. It plays an essential role to provide assurances to the public about the quality of our services. Findings from clinical audit are used to ensure that action is taken to protect patients from any risks associated with their care and treatment.

Clinical audit is managed at service level with the support of the medical directorate, with the Quality & Safety Committee approving the annual programme of clinical audits and having oversight progress over the year.

The pandemic has, again, curtailed much of the audit programme that would typically have been undertaken. However, the Trust has ensured that it has remained focussed on required audits and those most pertinent to improving patient safety. In addition, other local checks and audits have continued to be undertaken to provide additional assurance on the quality and safety of our services including both Health & Safety and Infection Prevention & Control – these are also summarised at the end of this section.

Information & data currently being collated as part of end of year review – full update to be incorporated from that

Clinical Research and Innovation

DIHC are committed to the principles of the NHS constitution where each provider supports clinical research and innovation. We have established an approach to this in 2021-22 and continue to champion our commitment to research. We recognise the role of research and innovation and remain committed to improving the quality of care, improving patient safety and outcomes alongside helping our staff stay abreast of the latest treatment possibilities.

We also recognise the value gained by supporting research and innovation in services, across pathways and systems and the benefits for a positive patient experience by ensuring the best evidence-based approach is utilised to improve health and care.

Our newly established Research and Innovation group continues with support of the National Institute of Health Research (NIHR) West Midlands Clinical Research Network (CRN). The purpose of this group is to ensure that our Trust is a research positive environment, raising the awareness of the importance of research and innovation but also enabling staff to explore ideas and share learning and good practice. During the year we completed work to become a research-ready organisation and are now moving into a research-active phase.

The group follow the NIHR principles of good practice framework in the management and conduct of health and social care research and ensures that the public will feel safe when they participate in research. The Trust recognise the importance of giving our patients wider access to clinical research and understand that evidence shows research active NHS organisations have better patient care outcomes. As such, our

first projects are committed to providing access to research for some of our Dudley patients who have never had access to research - we are committed to addressing these inequalities in every research application and bid.

The two projects that we have gained approval for during this year are:

PANORAMIC

This is a UK-wide clinical study which is sponsored by the University of Oxford and funded by the NIHR to find out in which people new anti-viral treatments for covid-19 in the community reduce the need for hospital admission and get better sooner. DIHC are working in collaboration with some of our partially integrated Dudley GP practices to provide a hub and spoke model of delivery for this study, work is currently ongoing in setting up the hub. The study looks at patients over 50 or over 18 with one of a pre-defined list of conditions who have become symptomatic with COVID-19 and have tested positive for the illness in the previous 5 days. The patients are then randomised to either usual NHS care or treatment with anti-viral medication. More information can be found at this website https://www.panoramictrial.org

Decentralised Allied Health Professional (AHP) Supported Trial Delivery Pilot In Dudley

This is a novel pilot study aiming to improve the research capacity and capability in Primary Care in Dudley, it will also trial novel methods of research delivery via remote methods. The pilot will train new health care professionals based in DIHC and in our fully and partially integrated practices to become research-ready and understand the capabilities of remote research delivery. Again, part of the aim is to bring research opportunity to patient groups that have never had access to research before including population groups that have traditionally been underserved by clinical research in the past. There is potential for the results of this pilot to be useful to other developing Integrated Care Systems around the country if successful. The pilot is looking specifically at the vehicle by which the research is conducted and studying the effectiveness of those methods, supporting the DaRe2THINK project with the University of Birmingham. More information on this project can be found here. https://www.birmingham.ac.uk/research/cardiovascular-sciences/research/dare2think/about/about.aspx

Goals agreed with Commissioners (CQUINs)

Dudley Integrated Health and Care NHS Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the financial regime introduced as part of the COVID-19 response. Providers received block funding which was deemed to include CQUIN, however no CQUIN schemes were published during 2021/22.

Statement on relevance of Data Quality and our actions to improve Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality will therefore not only help to improve patient care but also improve value for money.
Dudley Integrated Health and Care NHS Trust will be taking the following actions to improve data quality:

- ensure the developing Trust Business Intelligence function provides support in improving data quality
- identify and develop data quality processes to ensure that data is accurate, timely and fit for purpose
- review existing information systems to ensure that they are fit for purpose
- act on the findings from the internal audit on IAPT data quality completed in 2020/21
- ensure clear agreements are I place for data quality with other organisations who we rely on for information provision
- maintain full compliance with the Data Information Standards
- produce Trust information submissions to reflect all statutory returns
- define an appropriate schedule of audits and checks on key data sets
- Implement dedicated Trust Data quality meetings
- Review and revise Standard Operating Procedures for data collection
- Identify training needs for staff regarding data quality and best practice

Section to be reviewed and revised in line with developments in 21/22

NHS Number and General Medical Practice Code Validity

Dudley Integrated Health and Care NHS Trust did not submit records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data

Information Governance

The Data Security and Protection Toolkit (DSPT), based upon the National Data Guardian Standards, is an online, self-assessment tool that all organisations must use if they have access to NHS patient data and systems. The Trust previously submitted the Data Security and Protection Toolkit in June 2021 and reported a status of 'not met with agreed action plan in place'; required actions were focussed primarily around improving IG training uptake.

Over the course of this year, the Trust has continued to improve and closely monitor progress with the Data Security and Protection Toolkit and is currently on target to submit a full 2021/22 return by the submission deadline of end of June 2022 to evidence all required standards being met.

To be updated with progress prior to finalisation

Incident Reporting

The Trust reports and monitors all incidents using its electronic incident reporting system, RLDatix, following its implementation at the start of this year. With support from the central Quality & Safety team and other relevant subject-matter experts, all incidents are investigated to the required level to identify any opportunities for learning and improvement.

Serious Incidents (SIs) in health care are adverse events where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

In 2021/22, the Trust reported a total of 124 incidents of which 1 (0.8%) were classified as an SI. This incident was also the only incident reported this year that resulted in severe harm or death.

Other data / graphs to be added in as appropriate to help provide useful information

Infection Prevention & Control

The effective prevention and control of healthcare associated infections (HCAI) is essential to ensure that patients using our services receive safe and effective care. Effective prevention and control must be an integral part of everyday practice and applied consistently to ensure the safety of our patients, visitors, and staff. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention and control measures are maintained.

To further strengthen their focus on infection prevention and control, an Infection Prevention and Control Specialist Nurse was appointed in a substantive role by the Trust and commenced her duties on the 27th of September 2021. The Infection Prevention and Control team currently comprises the Director of Infection Prevention and Control (DIPC), role held by the Director of Nursing, Allied Health Professionals and Quality and the Infection Prevention and Control Specialist Nurse. The DIPC leads the infection prevention and control agenda and reports to the Trust Board and Quality and Safety Committee on the delivery of the annual work programme.

During the 2021-2022 financial year the COVID-19 global pandemic continued to remain the most significant issue faced in relation to Infection Prevention and Control (IPC) by the Trust and across the NHS. Further challenges are still expected to come with the easing of the remaining precautions within the community from the 1st of April 2022. A reviewed guidance for healthcare settings is expected to be published imminently, that will further shape the IPC priorities for 2022-2023. The Trust's priority remains to maintain patient, visitor and staff safety with enhanced focus on specific elements of infection prevention and control as outlined below.

Key updates from 2021-2022:

- There were no cases apportioned to Dudley Integrated Health and Care NHS Trust during the 2021-2022 financial year of the following 'alert' organisms: Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), and Gram-negative bacteraemia's; or Clostridioides difficile infections.
- Communicating changes to the national COVID-19 and Infection Control guidance to all staff via the Friday Roundup, MS Teams IPC Channel and the Intranet.
- IPC mandatory training compliance has remained a focus and this was offered to staff online, via ESR
- A small number of the key IPC policies were reviewed/written
- Working with our public health colleagues, the Trust also supported the local system to deliver a vaccination programme for care home staff, patients, and members of the community
- Staff have been actively supported to access flu and COVID-19 vaccinations; however further work is required to support flu vaccine uptake during the next season
- The Trust has launched its Infection Prevention and Control Champions programme on the 14th of March 2022
- A group of 10 DIHC staff were trained on the 4th of February and became (FFP2/3) mask face fit testers
- There were no outbreaks reported or identified within the Trust

Safeguarding

It is Dudley Integrated Health and Care NHS Trust's statutory responsibility to ensure that the services that it delivers and commissions provide a safe system that safeguards vulnerable children, young people and adults. The Trust Safeguarding Children, Young People and Adults Safeguarding Strategy sets out the strategic aims and priorities in relation to safeguarding children, young people and adults at risk of abuse or neglect which reflects the overall vision, strategy and objectives of DIHC.

Dudley Integrated Health and Care NHS Trust is responsible for fulfilling safeguarding responsibilities for people who come into contact with its services either directly or indirectly. It does this by having arrangements in place to ensure that Vulnerable Children and Adults with Care and Support needs are safeguarded from harm.

The Trust has statutory duties under the Children Act 2004 & Care Act 2014 and is a member of the partnership arrangements through the Dudley Safeguarding People Partnership Board (DSPPB). This means we work in partnership with the local authority and other partners to fulfil their safeguarding responsibilities.

Further narrative to be provided by the Safeguarding team

Service User Experience

Understanding service user experience is important to us as this helps us to ensure that our services are developed and improved to meet service users' needs through listening to peoples' experiences and views, responding comprehensively to feedback and demonstrating what has been improved as a result.

Complaints, compliments and concerns

The Trust recognises the value in listening to feedback from our service users, including complaints, and we are committed to providing an accessible complaints process and a robust and transparent process for investigating and learning from complaints.

A total of 23 formal complaints were received by the Trust during 2021/22; this represents an increase on the previous year's figure of 15, largely reflective of an increased number of services being provided by the Trust as well as improving our processes for service users to raise concerns. None of these complaints have been referred to the Parliamentary Health Service Ombudsman.

Further info on any key learning plus compliments to be included

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a national scheme which provides a quick and anonymous way for people who use our services to have the opportunity to provide feedback on their experience and help us identify potential improvements to what we do.
FFT is designed to be an additional feedback mechanism in addition to the formal complaints process and other forms of feedback

Mental Health

In 2021/22, xxx service users responded to our Mental Health Services' Friends and Family test – primarily regarding the IAPT service - which asked for an overall view of their experience of our service.

99.6% of respondents felt the service was either 'good' or 'very good'.

High Oak Surgery

FFT was suspended for primary care services during 2021/22.

NB – we do have some data available though so will be including this

Staff Survey

The 2021 NHS Staff Survey was the first time that DIHC as an entity has taken part in the national survey. As a result, we have no previous results to compare ourselves to and are therefore only able to compare to our peers and assess our own views of our performance this year.

Overall, the Trust has a relatively positive set of results, and compares generally well to the average score for the peer group across most themes.

Graphics etc currently being put together so presentation will be different but key data provided below.

Note results embargoed until end March so further analysis / comparison to others still in progress.

Questions are aligned to the People Promise which sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

+ 2 additional areas of scoring of 'staff engagement' and 'morale'

Response rate: 63% vs median 61% response rate for benchmarking group (Community Trusts)

Slightly lower than average	**Equal to peer group**	**Higher than average**
Voice that counts	Compassionate & inclusive	Recognised & rewarded (best score in group)
Always learning		Safe & healthy (best score in group)
Team		Work flexibly
Staff engagement		Morale

Recommender scores (vs average):

- I would recommend my organisation as a place to work: 59.6% (65.3%)
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation: 67.6% (77.4%)

Some key actions being taken forward:

- Hold focus groups for a range of front-line staff to discuss their views of quality of care, listening to patient concerns and how this could be improved
- Executive Team, People Committee and board to approve the newly developed leadership framework and portfolio of development and advocate for all leaders to undertake the programme
- Ensure that all new Trust policies, wellbeing offers and development offers are more proactively marketed by leaders

Reporting against other Quality and Performance Indicators

Additional performance indicator information to be included e.g. IAPT performance

Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of all health and social care services in England. The CQC regulates, monitors and inspects hospitals, general practices and other care services, to make sure they provide people with safe, effective and high-quality care.

Dudley Integrated Health and Care NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to the registration.

The Care Quality Commission has not taken enforcement action against Dudley Integrated Health and Care NHS Trust during the period 1 April 2021 - 31 March 2022.

Dudley Integrated Health and Care NHS Trust has not participated in any national reviews or investigations by the CQC during the reporting period.

Since the Trust was established, we have not been subject to any CQC inspections; those services which do require CQC registration are currently rated as good based on the latest inspections undertaken by CQC prior to their transfer into the Trust. These are summarised below.

	Safe	Effective	Caring	Responsive	Well-led	Overall
IAPT	Good	Good	Good	Good	Good	**Good**
PCMHS	Good	Good	Good	Good	Good	**Good**
High Oak Surgery	Good	Good	Good	Good	Good	**Good**
School Nursing	Good	Good	Good	Good	Good	**Good**

During each of our phases of expansion, as services have transferred into the Trust, we have engaged with CQC and continue to do so as we plan for next year's development.

Statement of Directors' Responsibilities in Respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with Department of Health guidance

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Penny Harris
Interim Chief Executive
Xx

Harry Turner
Chairman
Xx

Statement from Black Country and West Birmingham CCG

To be included

Statement from Dudley Metropolitan Borough Council Health Scrutiny Panel

To be included

Statement from Healthwatch Dudley

To be included

Agenda Item No. 6

Meeting of the Health and Adult Social Care Scrutiny Committee – Wednesday 20th April, 2022

Report of NHSE/I Dental Commissioners

Dental Services Briefing

Purpose

1. NHS England and NHS Improvement (NHSEI) has been approached for an update on the position of dental services. This briefing is written as background reading and introduction to the current situation. A presentation will be given at the meeting with high level information; the background briefing is intended to aid and promote discussion.

2. This briefing has been developed between NHS England and NHS Improvement Commissioning Team managers and Consultants in Dental Public Health. NHSE/I has provided specific information as requested on services for Looked After Children and Learning Disability patients. We have also contacted Healthwatch for any feedback on issues raised by patients that we need to respond to.

3. Commissioners have provided a briefing paper regarding the current situation regarding dental service which have been severely impacted by the global pandemic. This paper was produced following queries regarding access specifically for Children in Care.

Recommendations

4. It is recommended that Scrutiny :-

   - Note the contents of the report.

   - Note that at the time of updating, guidance was awaited and this may not be reflected in the content of this report. Also, it is important to acknowledge that the virus continues to circulate and it is possible that other people measures or an increase in those which may have been reduced, will increase again at some point.

Background

5. Firstly, it is important to clarify that NHS dental care, including that available on the high street (primary care), through Community Dental Services or through Trusts is delivered by providers who hold contracts with NHS England and NHS Improvement. All other dental services are of a private nature and outside the scope of control of NHSEI. The requirement for NHS contracts in primary and community dental care has been in place since 2006.

6. Secondly, there is no system of registration with a dental practice. People with open courses of treatment are practice patients during the duration of their treatment, however once complete; apart from repairs and replacements the practice has no ongoing responsibility. People often associate themselves with dental practices. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GP practices and patients are theoretically free to attend any dentist who will accept them. Dental statistics are often based on numbers of patients in touch with practices within a 24 month period (for adults) or 12 months for children. Before COVID patients would often make repeat attendances at a "usual or regular dentist". This would be the list of patients who may be recalled /offered a check-up appointment regularly (in line with their personal risk assessment). During the pandemic contractual responsibilities changed and in order to benefit from payment protection practices were required to prioritise urgent care; vulnerable patients (including children) and those whose dental health makes it likely they would benefit from an opportunistic check-up. In many practices there will not yet be sufficient capacity to be able to offer routine check ups to those who generally have good oral health.

7. Dudley has 42 general dental practices; which offer a range of routine dental services; 13 of these also provide orthodontic services. There is in addition 1 specialist Orthodontic practice. Secondary care is provided by the Dudley Group of Hospitals Foundation NHS Trust (DGH) although patients are free to request to be referred to any other hospital and there are a number of other hospitals in the Black Country or neighbouring areas where patients may choose to receive treatment. Commissioners are concerned about the fact that there has been a tendency for some services provided by Birmingham Community Healthcare Foundation NHS trust (BCHC) during the pandemic to have been centralised on the Birmingham Dental Hospital site and work is underway to ensure that there is more of a focus in the future on more equitable provision between the two ICS served by the Trust.

8. Community Dental Services for special care adults and children are provided from a number of community clinics across the local area. We are aware that the Dudley Central Clinic was closed by the Trust during the pandemic due to the need to resolve some issues relating to ventilation and commissioners are seeking assurances on the timescale for completing this work and reopening this local provision.

9. Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex Restorative dentistry or oral medicine or to the Children's Hospital where a child has complex medical issues.

10. A map of the location of local dental surgeries is given in Appendix 1. In some cases, there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The two maps have shading showing travel times by public transport or car.

11. Prior to the pandemic the Black Country generally had some of the highest access rates across the region. A strategic review of access is planned, however there are generally other priority areas across the region where access is significantly worse. NHSEI anticipates having access shortly to a mapping tool to identify any more local areas which may have specific issues (in a similar way to the work conducted in 2019) which may assist in a more targeted approach to tackle these.

12. Before the pandemic, only around 50% of the population were routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is unlikely to be 50% of the population.

13. Many people with chaotic lifestyles or who are vulnerable may not engage with routine care and may instead use out of hours dental services. Individuals are free to approach practices to seek dental care and further information on NHS dental practices is available on the NHS website: https://www.nhs.uk/service-search/find-a-Dentist although information provided by local dentists may not always be fully up to date.

Dental Charges

14. Dentistry is one of the few NHS services where people have to pay a contribution towards the cost of your care. The current charges are, at the time of writing:

- **Emergency dental treatment – £23.80** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Any treatment that a dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS.

15. More information here: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/
All NHS dental practices have access to posters and leaflets that should be prominently displayed.
NHS dental charges from 1 April 2017 (nhsbsa.nhs.uk)

The proportion of adult patients who are exempt from NHS charges is just under a third but varies between practices.

Impact of the pandemic

16. The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care; the long-term impact on oral health is as yet unknown. Routine dental services in England were required to cease operating when the UK went into lockdown on 23rd March 2020. A network of Urgent Dental Care Centres (UDCCs) was established across the Midlands during early April to allow those requiring urgent treatment to be seen. The UDCs are not currently operational (as practices have now reopened) but remain on standby in case of future issues that may affect delivery of services (such as staff shortages due to sickness – for example as a consequence of a COVID outbreak).

17. From 8th June 2020, practices were allowed to re-open however they had to implement additional infection prevention measures and ensure social distancing of patients and staff. A particular constraint was the introduction of the so-called 'fallow time' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument and would include fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments on offer. For a large part of 2020 many practices were offering only about 20% of the usual number of face to face appointments and relying instead on providing remote triage of assessment, advice and antibiotics (where indicated). The situation improved in early 2021 and since then practices have been required to deliver increasing levels of activity. At the time of writing the requirements for 2022/23 are not known.

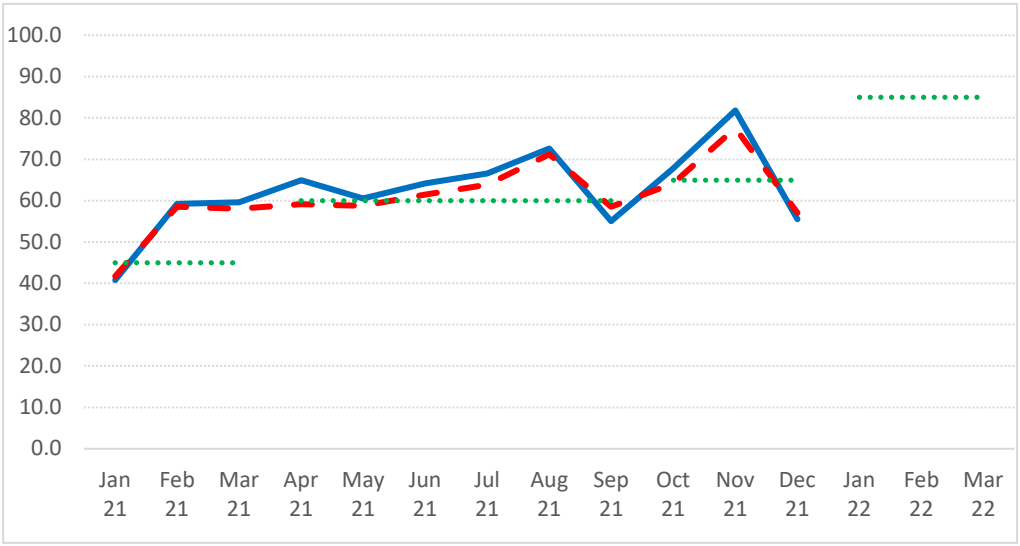
18. In order to qualify for payment protection, practices were required to open throughout their contracted normal surgery hours (some practices offered extended opening to better utilise their staff and surgery capacity) and to have reasonable staffing levels for NHS services in place. Increases in capacity have been phased in line with changes to protocols for infection prevention such as relaxing of restrictions on social distancing and the introduction of risk assessments for patients who may have respiratory infections. During the latter part of 2021 practices were required to maximise capacity and to reach a minimum of 65% of normal activity for general dentistry and 80% of normal activity for orthodontics.

19. Infection prevention measures were reviewed and subsequently guidance was issued which increased the number of slots from January 2022. The revised arrangements for the early part of 2022 were for practices to reach a minimum of 85% of normal activity for general dentistry and 90% of normal activity for orthodontics with an anticipated plan to resume normal levels of activity from April 2022. Practices must also meet a set of conditions that include a commitment to prioritise urgent care for both their regular patients and those referred via NHS111 and to prioritise additional capacity for vulnerable patients.

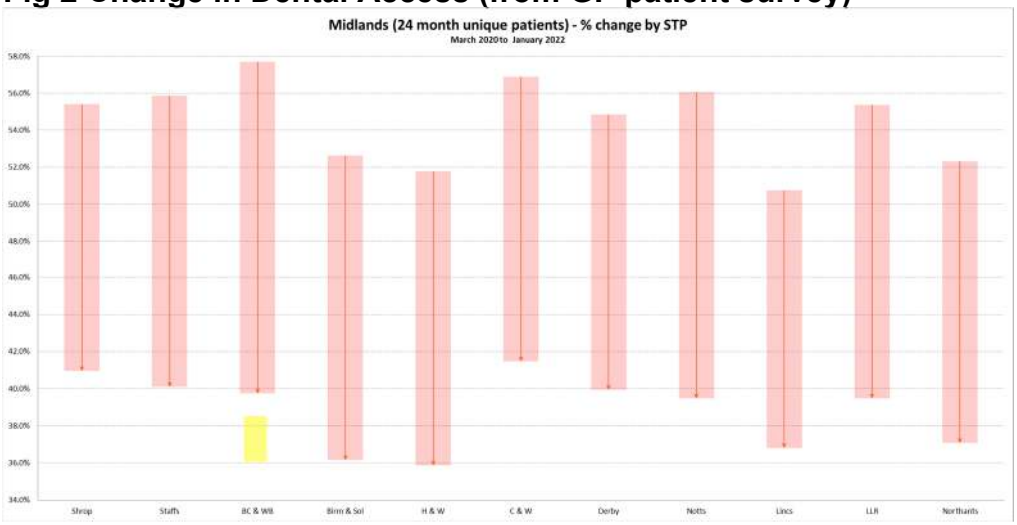
20. The graphs below show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local

information for the Black Country ICS. There is also regional information on the overall impact on access of the reduced levels of activity and the cumulative loss of access across the course of the pandemic.

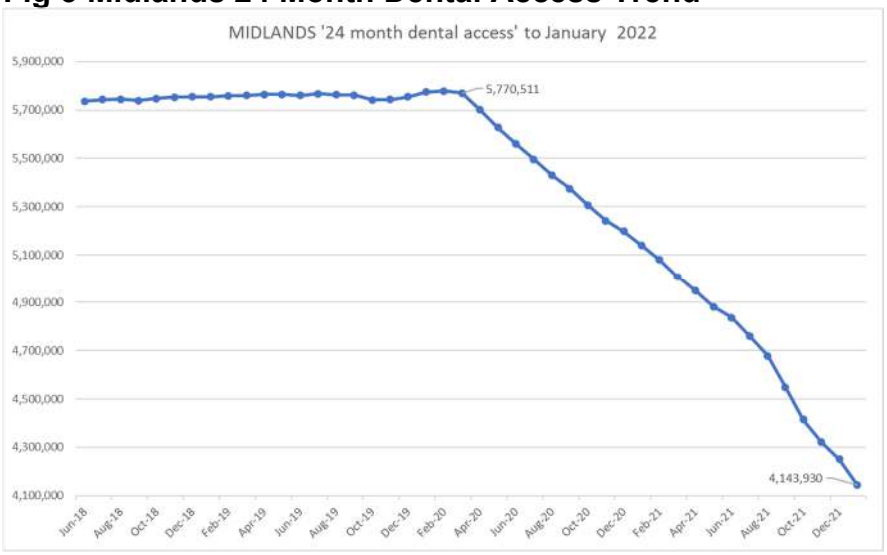
21. **Fig 1 Black Country and West Birmingham Primary Care Dental Activity vs Minimum Thresholds**



22. **Fig 2 Change in Dental Access (from GP patient survey)**



23. **Fig 3 Midlands 24 Month Dental Access Trend**



24. It is estimated that across the region there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic.

25. Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term effects on oral and general health due to the impact on nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar), coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar intake and alcohol intake could have a detrimental effect on an individual's oral health. Again, those impacted to the greatest extent by this are likely to be the vulnerable and most deprived cohorts of the population, thus further exacerbating existing health inequalities.

26. Finally, it is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, are also those individuals who were at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

27. The Dental Team have surveyed dental practices on a number of issues so as to gain assurance that they have received and implemented the guidance that has been sent out. This includes:
    - a statement of preparedness return
    - information on air exchanges to support appropriate use of surgeries and downtime between procedures (including financial support to get expert advice)
    - information on risk assessment of staff within the practice (including vaccination status).

Restoration of Services

28. As explained previously, in line with national guidance issued in response to the COVID-19 pandemic, dental practices in the Midlands are currently not providing routine care in the same way as they were prior to the pandemic.

29. The capacity and number of appointments available will vary depending on the type of practice and the number and configuration of surgeries and waiting rooms.

30. Specialist Orthodontic practices have continued to prioritise and care for patients already in treatment and have now successfully recovered to almost normal levels of service allowing them to see new patients. These patients are being prioritised based on clinical need (to avoid harm) rather than on length of time on a waiting list. This means that there are longer than usual waiting times for patients awaiting routine treatment.

31. As a result of the pandemic, dental practices undertook risk assessments of their premises and have made changes to the way they provide dental care. This is to ensure the safety of both patients and staff. These additional safety precautions mean that practices are able to see fewer patients than before due to required measures to ensure social distancing and prevent any risk of spreading of infection between patients. Surgeries require “fallow time” or downtime between patients to allow for droplets to settle prior to cleaning. This depends on the level of ventilation to the room.

32. As a result, not all practices or clinics were necessarily able to offer the full range of dental treatment in all their surgeries. Practices were offered a contribution to a survey to obtain expert advice on the ventilation within their practice and any changes that could improve this.

33. It is important to note that patients should expect to be contacted and asked to undergo an assessment prior to receiving an appointment and that they are still required to follow advice around social distancing and mask wearing (at the time of writing guidance was due to be issued). The last guidance was that patients were to be treated differently depending on whether they had respiratory symptoms and that non urgent care should be delayed until the patient is asymptomatic. Patients need to be honest about their COVID status and whether or not they are experiencing symptoms or have been asked to isolate. They will then be directed to the most appropriate service. This is for their own safety and the safety of staff and other patients.

34. Dental teams and commissioning teams across the country are working hard to restore services and deal with the inevitable backlog of patients that has built up over the last 2 years. There is significant potential for the reduction in access to services to have disproportionately affected certain population groups and therefore to have further widened existing inequalities. Those with poorer oral health and/or additional vulnerabilities are likely to have suffered more from being unable to access dental care than those with a well-maintained dentition. Furthermore, there was and is ongoing concern about a reluctance amongst some people to present for care

because of the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend appointments was recently launched. Again, this delay in seeking care is likely to have affected some of the more vulnerable population cohorts more than the general population thus further exacerbating the health inequalities.

35. Reduced access to dental care over the course of the pandemic may have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention, will have instead received antibiotics, possibly repeated courses. Some who were part way through treatment will undoubtedly have suffered and may have lost teeth they would not have done otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out and some of those affected teeth will subsequently have deteriorated further as the required treatment was simply not available.

36. Orthodontic patients who are routinely seen for regular reviews will have missed appointments, though harm reviews and remote consultations should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended to try and free up capacity to see new patients. Patient compliance with the required oral hygiene measures may wane over time and consequently there is an increased risk of decay developing around the orthodontic appliances if treatment is prolonged in this way.

Recovery Initiatives

37. A large investment has been made to facilitate initiatives designed to increase access in both primary, community and secondary dental care. Some of the schemes that have been supported are:

- Weekend Access – For the Black Country 20 practices were contracted to provide 889 additional weekend sessions at a cost of £355,600. On average an additional 11 patients are seen per session. Further funding has been made available nationally and additional weekday early or late sessions are now being commissioned. Scheme ends 31.3.22
- Overperformance – Practices who are able to deliver normal levels of activity (often those with smaller NHS contracts) are being offered funding to overperform.
- Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to tackle waiting lists; 2 practices in the Black Country applied and have been awarded 597 extra case starts.
- CDS Support Practices – the team are about to recruit a number of practices to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS. There were no

applications in the first round from Dudley, but we will be recruiting again in April, subject to funding being available. Practices who are interested in participating will receive training and equipment to help them run dedicated sessions for children. This will provide additional capacity to allow more vulnerable children to be seen more quickly.

- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to signpost urgent patients without a regular dental practice. 17 extra sessions per week have been commissioned in the Black Country including 155 in Dudley to improve weekday access in 21/22.
- Additional non recurrent investment to support oral health improvement initiatives such as supervised toothbrushing with £20,000 allocated to the local authority to expand existing Brushing for Life schemes across Dudley.
- There has been a further recurrent investment of £96,000 to fund BCHC to expand existing oral health promotion activities already provided historically in Sandwell across to Dudley and Walsall.
- There has also been significant investment to support Secondary and Community Care with hospitals having the opportunity to fund recovery and restoration initiatives.

Vulnerable Groups

38. There are two groups of vulnerable patients – those vulnerable due to COVID and those who are vulnerable with respect to their oral health. For those in the categories who are vulnerable or shielded due to age or underlying health conditions special arrangements will be made to ensure they are able to access care safely. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.

39. There are in addition a number of groups of patients who are less likely to engage with routine dental services and likely to experience worse oral health.

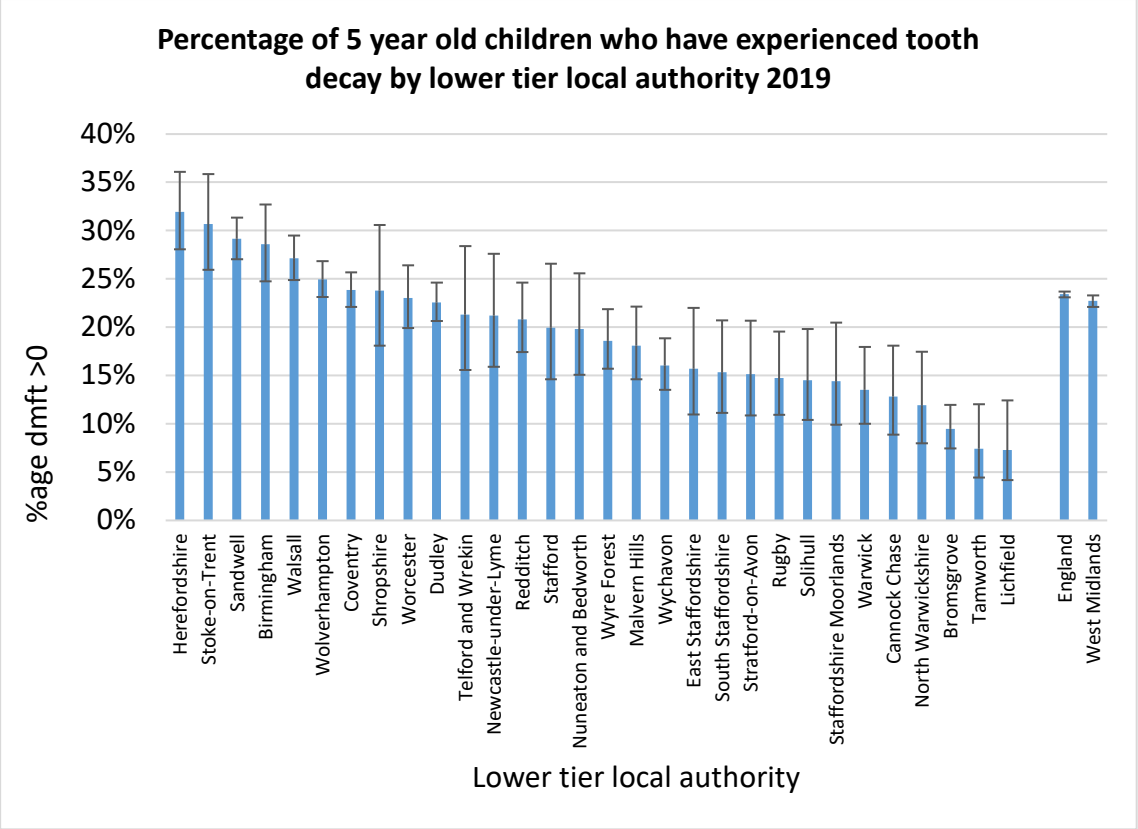
40. It is acknowledged that the pandemic has likely had a greater impact on hard to reach/ those who under normal circumstances struggle with routine access. A working group to scope the impact and propose services/ service redesign has been established under the stewardship of Local Dental Network chairs. Links are being made with various third sector and other partners.

41. It is acknowledged that Looked after Children are considered to fall into the vulnerable group and should therefore be prioritised by practices. A clinical fellow has taken on a project looking at consent issues. Many practices have reported difficulties dealing with this group of patients due to problems gaining consent for some treatments. Different local authorities may have different arrangements in place and there may be an opportunity to streamline the process. Further work is needed to ensure all high street practices are welcoming and cognisant of the needs of looked after children as most will be better managed in primary care. Patients with more complex needs or issues will generally be seen by the Community Dental service. It should be noted at

present that due to the current restricted capacity; routine access cannot be guaranteed. This is because it would be inappropriate to prioritise a routine check-up over an urgent treatment need, particularly for another child who may be in pain.

Oral health and inequalities

42. Oral health is an important public health issue, with significant inequalities still evident. Deprived and vulnerable individuals are more at risk, both of and from, oral disease. The findings of the 2017/2018 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.[1] Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. The 2019 national oral health survey of 5 year old children showed wide variation in both the prevalence and severity of dental decay among young children (Figure 1).[2] The West Midlands benefits from water fluoridation across a large part of the geography; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the region or country. The whole of the population in Dudley benefits from water fluoridation. It is worthy of note that dental decay remains the most common reason nationally for hospital admissions in children aged 5-9 years.[3]



43. We are aware that some vulnerable groups are finding it harder than usual to access services – particularly as no walk-in options are available. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care. Primarily this is through NHS 111. Many practices are operating with reduced capacity and will therefore be restricted in the care that

they can offer to new patients. Arrangements have been put in place for additional dedicated urgent care sessions in the Black Country to help facilitate access for those who may not have a regular dentist. These include sessions at a practice in Dudley. In addition, the CDS has been ensuring access for vulnerable patients through their network of local clinics.

44. Additional dental capacity was also commissioned to support Afghan evacuees repatriated to the UK and housed in local hotels. This was by way of dedicated domiciliary support to quarantine hotels and ongoing additional capacity at some local Black Country practices in Sandwell and Wolverhampton (to ensure the additional workload did not negatively impact on wider patient access).

45. Some patients who have previously accessed care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional PPE charges that are apparently being levied by some private dental practices. This is putting additional pressure on services at a time when capacity is constrained. These patients are eligible for NHS care; however they may find it difficult to find an NHS practice willing to take them on and are likely to be able to access care instead through ringing NHS 111.

46. It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSEI the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer set up a short life working group who undertook an investigation into the resilience of mixed practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of practices facing insolvency over the next 12 to 18 months was low. There have been anecdotal reports of some practices being reluctant to offer NHS appointments (particularly routine) and instead offering the chance to be seen earlier as a private patient. Practices are required under the terms of the payment protection arrangements currently in place to maximise capacity and should not be pressuring patients into private care. The contracting team will investigate any such reports but will need detailed information on the date and time of any instance so that this can be raised with the practice for a response.

<u>Access</u>

47. Access and satisfaction with dentistry is measured through a regular GP survey. Dudley was in the top five areas nationally for satisfaction with dentistry in 2019 prior to the pandemic.

48. For Adult Access Dudley remains higher than both regional and national averages but this is not the case for child access. Please see latest available figures below for Jun 2021

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Dudley Metropolitan Borough Council	47.2	28.0

Midlands	41.9	32.4
England	41.1	32.8

49. And the previous year figures for Jun 2020 before COVID had a chance to have an impact.

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Dudley Metropolitan Borough Council	55.1	50.6
Midlands	48.4	52.9
England	47.7	52.7

50. It became apparent early in the pandemic that children's access had been particularly badly affected. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other services too.

Midlands overall trend – 12-month children's access

Dec 2019	March 2020	June 2020	Sept 2020	Dec 2020
58.2%	58.6%	52.8%	43.1%	29.3%

51. Local Black Country Data for Dec 2020 % seen 0-17 yr olds (note this is at low point in pandemic)

Code	Name	12-month access
06A	Wolverhampton CCG	27.8%
05C	Dudley CCG	27.6%
05Y	Walsall CCG	26.9%
05L	Sandwell and West Birmingham CCG	25.1%

52. The picture is similar to other areas and regionally / nationally – there was a decline to a low point in March 2021 with degree of recovery by June – the numbers of children being seen remain lower than pre COVID.

53. Prior to the pandemic the local commissioning team had been working on encouraging parents to take children to the dentist early.

54. The main aim of this Starting Well scheme was to increase access to NHS Dentistry in the NHS West Midlands geography in the very young (0-2 age group). There were four objectives:

    1. To identify 'influencer' groups and individuals who can play a part in encouraging and facilitating parents / carers of children aged 0-2 to visit an NHS dentist.
    2. To equip influencers with resources and information to influence parents / carers of children aged 0-2 to visit an NHS dentist.
    3. To equip and encourage dental teams to see more 0-2-year olds
    4. To ensure sufficient capacity for practices to take on additional young patients for check ups

55. Apart from media campaigns, joint local working with health visiting teams and training and resources for practices there was funding made available to ensure capacity to take on additional children for check-ups before the age of 2. 10 practices in Dudley were offered additional funding for 19/20 and 2 managed to deliver additional activity despite the impact of COVID in the early part of 2020.

56. As capacity is currently restricted and whilst children's appointments should be prioritised it may not be possible at present for very young children to be seen in the way that was originally being promoted. However the commissioning team have been working on a new scheme to encourage child friendly practices locally to provide support to local Community Dental Services to work in a shared care model to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. We will be seeking two practices locally in the new financial year and additional training will be provided, subject to funding being available.

57. Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority to further develop oral health promotion and to merge existing teams to provide a more resilient service across the new ICS area.

<u>OOH Provision</u>

58. Out of hours services provide urgent dental care only.

<u>Definition of "Urgent Dental Care"</u>

59. Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (SDCEP, 2013). Urgent dental care problems have been defined previously into three categories (SDCEP, 2007). The table below shows current national information about the 3 elements of dental need and best practice timelines for patients to receive self-help or face to face care.

60.

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

61. People should check practice's answer machines; information should be also be displayed inside the practice and on the windows. Most people contact NHS 111 who will alert the out of hours provider. There is an NHS111 Online option that will often be quicker and easier than phoning – particularly when NHS 111 is dealing with large numbers of COVID related calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

62. Please be aware that patients with dental pain should not contact their GP or turn up at A&E as this could delay treatment as they will be redirected instead to a dental service.

63. People can attend any service in the Midlands area and for Dudley the nearest sites will be at Dudley, Wolverhampton or Birmingham depending on the patient's address. At times of peak demand patients may have to travel further for treatment depending on capacity across the system.

Domiciliary Care (For patients unable to leave their own home or care home)

64. Dental care to care home residents or patients unable to travel for dental care to a practice will be provided by a specially commissioned general dental practitioner (there are 29 in Dudley), or a more specialist dentist from the Community Dental Services. Some limited dental care can be provided in the care home setting such as a basic check-up or simple extraction, but patients are often asked to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If a care home resident requires a dental appointment, they or their relative or carer can contact the local domiciliary provider via NHS 111. If they need more specialist dental care, they will generally be referred on to the Community Dental Service after this initial contact.

65. Prior to COVID work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing dental services or improving the oral health of their residents. This remains a priority area and some pilots have already been undertaken in other areas across the Midlands with the aim of extending successful schemes to cover other areas.

Dentures

66. If a person breaks their denture then they will need to contact their local dental practice. If they do not have a regular dentist they should contact NHS 111. During COVID dental practices were prioritising more urgent care and broken dentures do not classify as urgent care. Broken dentures can sometimes be fixed without a patient needing to see a dentist for an appointment – the dentist will assess the denture and if possible, send to the dental laboratory for the denture to be repaired. Some instances of broken dentures and all lost dentures will require new dentures to be made. This takes on average 5 appointments over a number of weeks with at least a week between appointments. This type of service is likely to be restricted at present due to COVID.

Secondary and Community Care

67. Infection control measures in place to protect patients and staff also mean that there is reduced capacity in clinics and hospitals for certain procedures particularly those requiring a general anaesthetic or sedation. As a result, the wider NHS system is prioritising theatre capacity and treating the most urgent cases – for instance those with cancer. This means that some specialist services may only be available at a more limited number of centres. There were also additional requirements for prospective patients around swabbing or isolating at home prior to treatment. This was to ensure the safety of patients undergoing surgery and those already in the hospital.

68. There were problems initially in getting access to regular lists for children requiring dental treatment under general anaesthesia (as was and is the case across the country) but the situation in Dudley suffered less than in some other areas as the local CDS managed to retain regular theatre lists and were even able to repatriate local children waiting for surgery in Birmingham. Despite this only those children with the most urgent needs will be prioritised as services have to compete for theatre space with other patients who may have more urgent needs. Although there has been a good degree of recovery in Dudley over recent months the picture did stall to some degree over December and January due to the impact of the latest increase in COVID infections.

69. There is a backlog of care and treatment, given that most provision has been for urgent care and / or completion of care begun before the first lockdown. The most recent data available on 18 week waits for Oral Surgery is the position in November 2021. Dudley Hospital were at that time reporting 6 patients waiting over 52 weeks and 226 waiting over 18 weeks. The position at the trust was improving in previous months but as referrals have increased the pace of recovery has slowed. The trust is currently not reporting any patients waiting over 104 weeks and the overall proportion of patients for the Black Country ICS that are waiting over a year is around 10%. These backlogs for patients waiting over a year are not unexpected due to the complete cessation of routine care earlier in the year and the limited capacity subsequently has meant prioritisation of more recent urgent cases over those less urgent who have been waiting longer (please see Appendix 3). Referrals into secondary care have started to recover (see Appendix 4) but remain at lower than

previous levels due to the reduction in routine appointments in primary care. There are concerns that some conditions may be missed due to the smaller number of patients being seen face to face.

70. In order to address these concerns the Local Dental Network have taken the opportunity to publicise Mouth Cancer Awareness month and to distribute a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 https://bit.ly/3vK70Ez

71. The dental team have been working with local groups of clinicians through the Managed Clinical Networks to explain to local dentists how patients are being prioritised by services and what can be done to manage them in the interim whilst they are waiting for treatment. The aim is to keep patients safe and ensure they are being regularly monitored and that the practice knows how to escalate if the situation changes and needs become more urgent.

Staff issues

72. Dental contractors have undertaken COVID risk assessment on their staff. Working arrangements have been altered to keep people safe where necessary and staff who were unable to see patients face to face were involved with telephone triage or were redeployed to help in other services such as NHS 111. The team monitor vaccine uptake amongst practice staff and the latest figures from a recent survey are shown below.

Dental Staff										
ICS	Responses	Practices	%	eligible	1st	%	2nd	%	booster	%
Black Country	70	156	44.9%	732	659	90.0%	631	86.2%	308	42.1%
Grand Total	**460**	**1149**	40.0%	**5884**	**5432**	92.3%	**5381**	91.5%	**3530**	60.0%

73. There appears to be an issue with uptake with lower rates than is typical elsewhere in the region for 2nd dose or booster and this seems to be a particular problem amongst dental nurses locally. There is a similar issue in Birmingham.

Collaborative working with local Dentists

74. There have been regular meetings with the local dental committee and the dental team is grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the current restrictions in services. This has included joint working between the local Community Dental Service and practices. The LDC locally has been very proactive and continued to update their members regularly to share information as guidance is updated.

75. There is a Local Dental Network in place covering the Black Country ICS and this is chaired by Afy Ilyas who is a local dental contractor from Wolverhampton. There are also a number of Managed Clinical Networks (groups of local clinicians) who still meet virtually to plan care pathways and agree guidance to help practices to manage their

patients. The Urgent Care Network met weekly early on in the pandemic to help to plan and deliver ongoing access to urgent care.

76. Every year the dental team engages with practices to gain assurance about practice opening over holiday periods so as to ensure services will be in place for patients

77. The Dental Commissioning team have been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. We have also engaged with local Healthwatch organisations to encourage them to share any intelligence on local concerns or on difficulties people may be having accessing services and we recently contacted Dudley Healthwatch so that we could get local feedback on issues patients have been raising.

78. Examples of tweets that have been shared on Twitter are given in Appendix 5.

PPE and Fit Testing

79. NHSEI supported Urgent Dental Centres throughout lockdown to ensure that they had access to all the necessary PPE – particularly early on when supplies were limited. Dental practices now have access to PPE through an online portal – this is to ensure ongoing supply should we see further pressures as cases increase.

80. One of the barriers originally to getting practices back to delivering a full range of services was the need to fit test staff so they could safely use these protective FFP3 masks. NHSEI initially worked with PHE to fit test staff working in the UDCCs and OOH services and have subsequently worked with Health Education England (HEE) to train 91 dental practice staff across the Midlands who could undertake fit testing of masks for local dental practices. Some staff may not be able to use the standard masks either due to difficulties getting an acceptable fit or due to the wearing of beards for cultural reasons, and in these cases staff have the option of using special hoods instead. More and more practices are opting for reusable rather than disposable masks.

COVID 19 and outbreaks in dental settings

81. There have been occasional COVID outbreaks in dental practice setting in Dudley. Dental practices are well equipped to manage risk relating to COVID as all staff are trained in infection prevention and control as part of their role in delivering dental services. 'Donning and doffing' of PPE should be very familiar to them. A dental Standard Operating Procedure for outbreak management was circulated via all contract holders and also to the Local Dental Committees to support practices manage any positive cases in their practices, whether visitors or staff. However as with all primary care settings, the risk is staff to staff transmission when they are outside their immediate clinical setting such as in shared reception areas or staff rooms or through community contacts outside work (such as with family or friends). NHS EI ran a webinar last year to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.

82. NHSEI is working with providers to ensure that they operate safely and within national guidelines and have shared national guidance and Standard Operating Procedures that give guidance on how care can safely be provided.

83. Nationally all the latest guidance for dental practices can be found here: https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/
Latest IPC guidance for dental practices can be found here: COVID-19: infection prevention and control dental appendix - GOV.UK (www.gov.uk)

84. Support is provided to practices who have staff who are symptomatic or have been asked to isolate through Test and Trace. This is to ensure they take the relevant actions through their business continuity plans to continue to operate safely and provide care to their patients. Where a practice is unable to remain open then patients may be redirected to an alternate local practice or to a UDCC.

Opportunities for Innovation including Digital

85. There have been some positive impacts through the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

86. The other opportunity has been the widespread acceptance of innovative ways of providing care remotely by using digital methodologies such as video consultations. This has been widely used by Secondary and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

87. We are exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

Finance

88. There are no financial implications to the Council arising from this report

Law

89. There are no legal implications to the Council arising from this report

Risk Management

90. There are no Council risks arising from the content of this report

Equality Impact

91. There are no considerations to the Council arising from the content of this report

Human Resources/Organisational Development

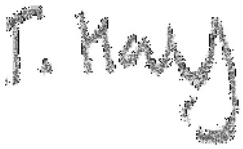
92. There are no Human Resource implications to the Council arising from the content of this report

Commercial/Procurement

93. There are no commercial or procurement implications to the Council arising from the content of this report

Council Priorities

94. There are no considerations to the Council priorities arising from the content of this report



Senior Commissioning Manager; Pharmacy, Optometry and Dental
NHS England and NHS Improvement; Midlands (West)

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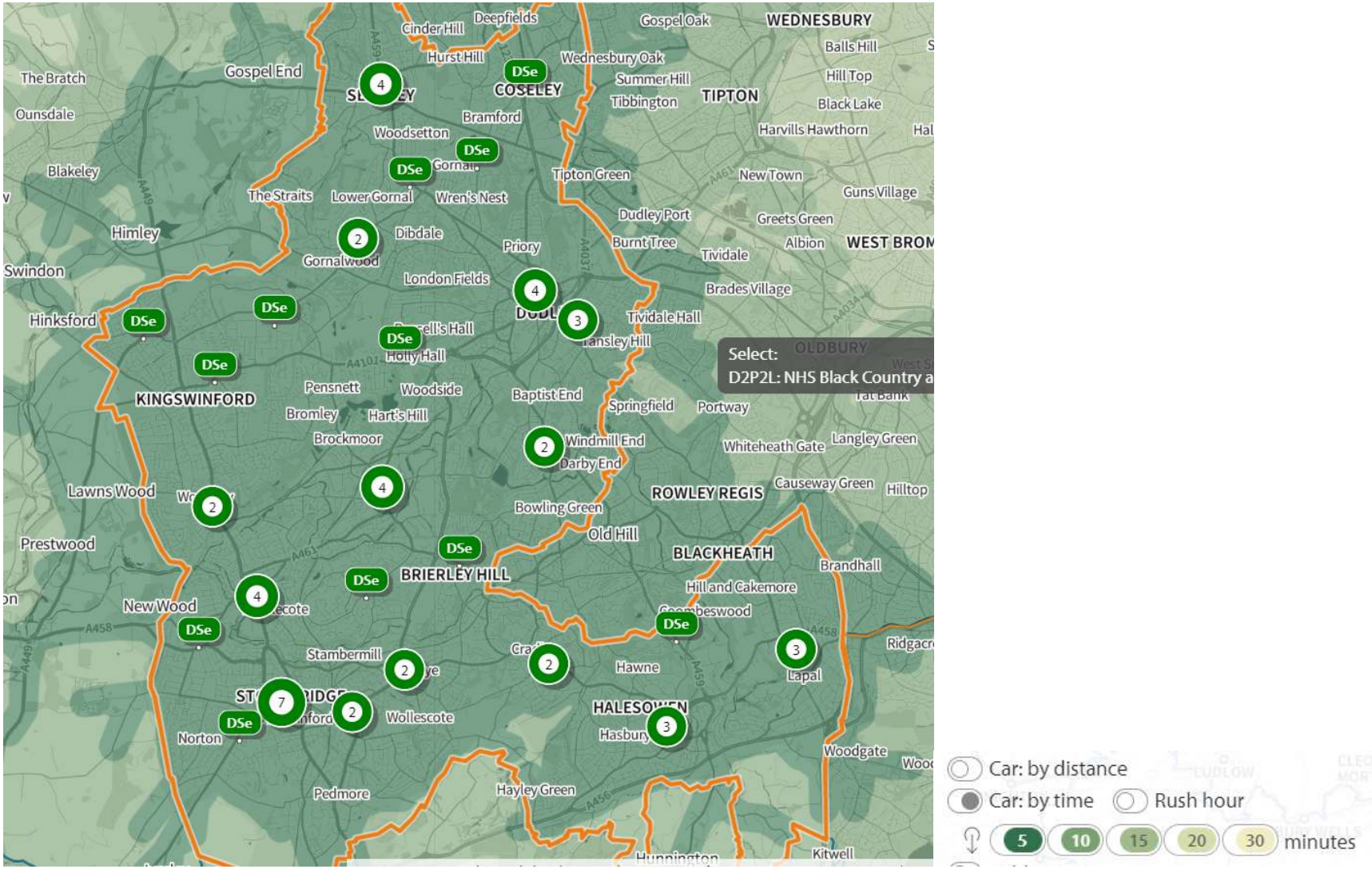
Appendices

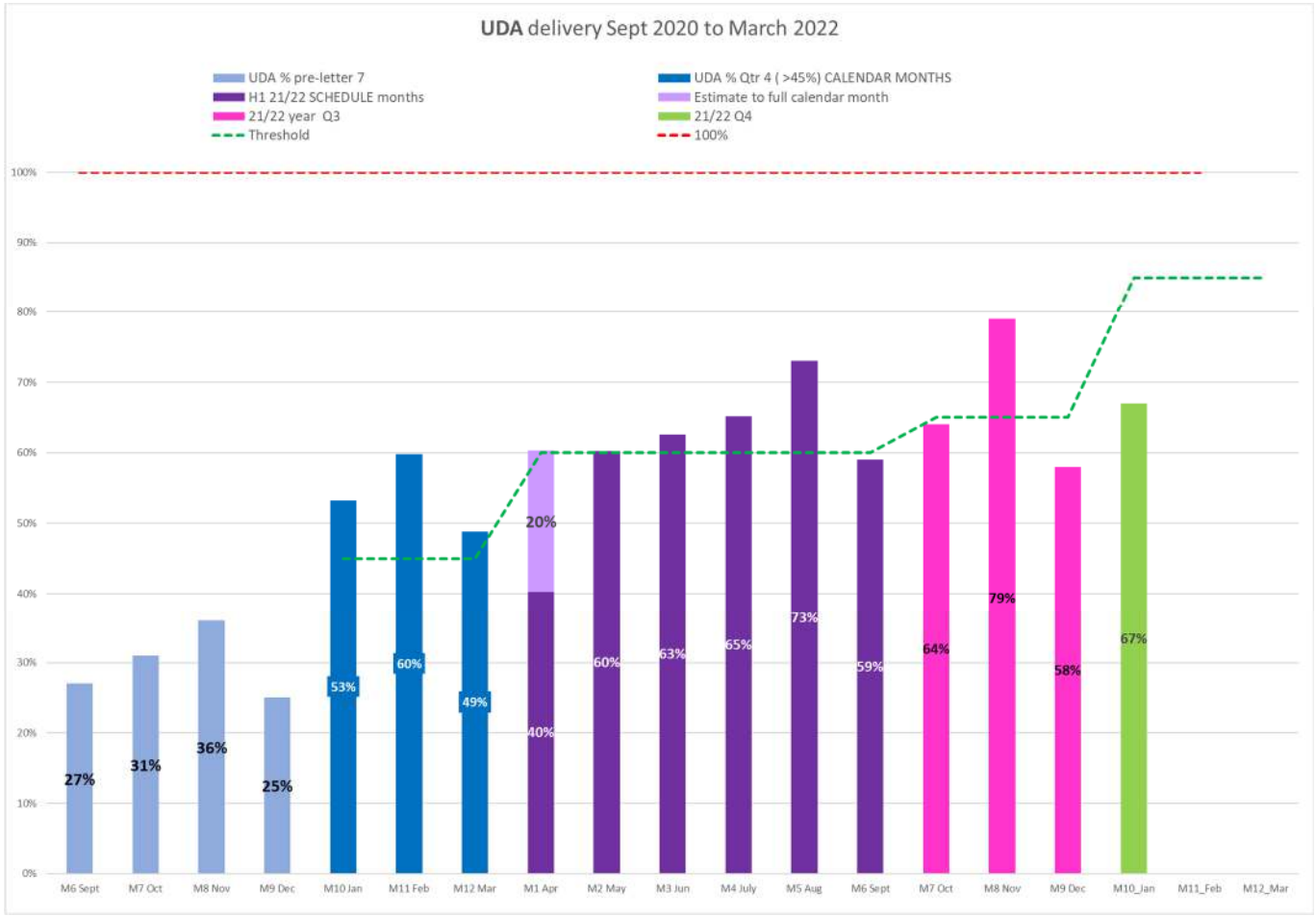
Appendix 1 – Dental Briefing

Appendix 1

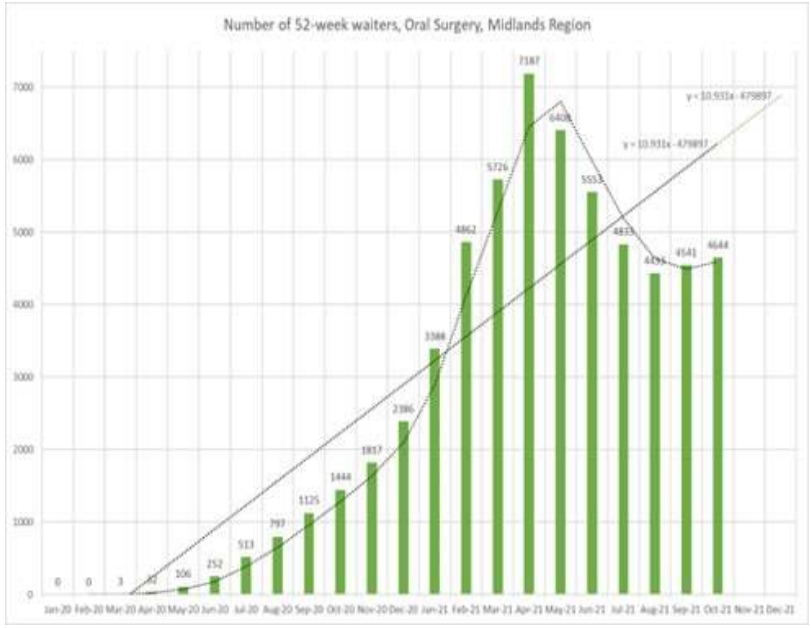
Fig 1 – Location of dental practices or clinics including orthodontic and community sites (travel times by car or public transport).

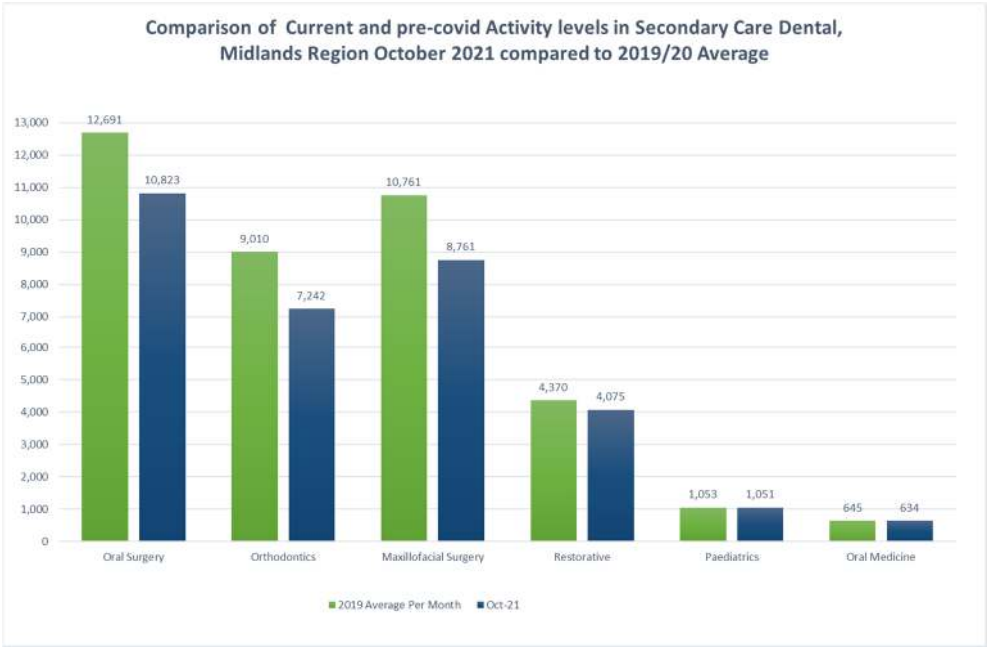


Appendix 2 - Activity Trends in Primary Care

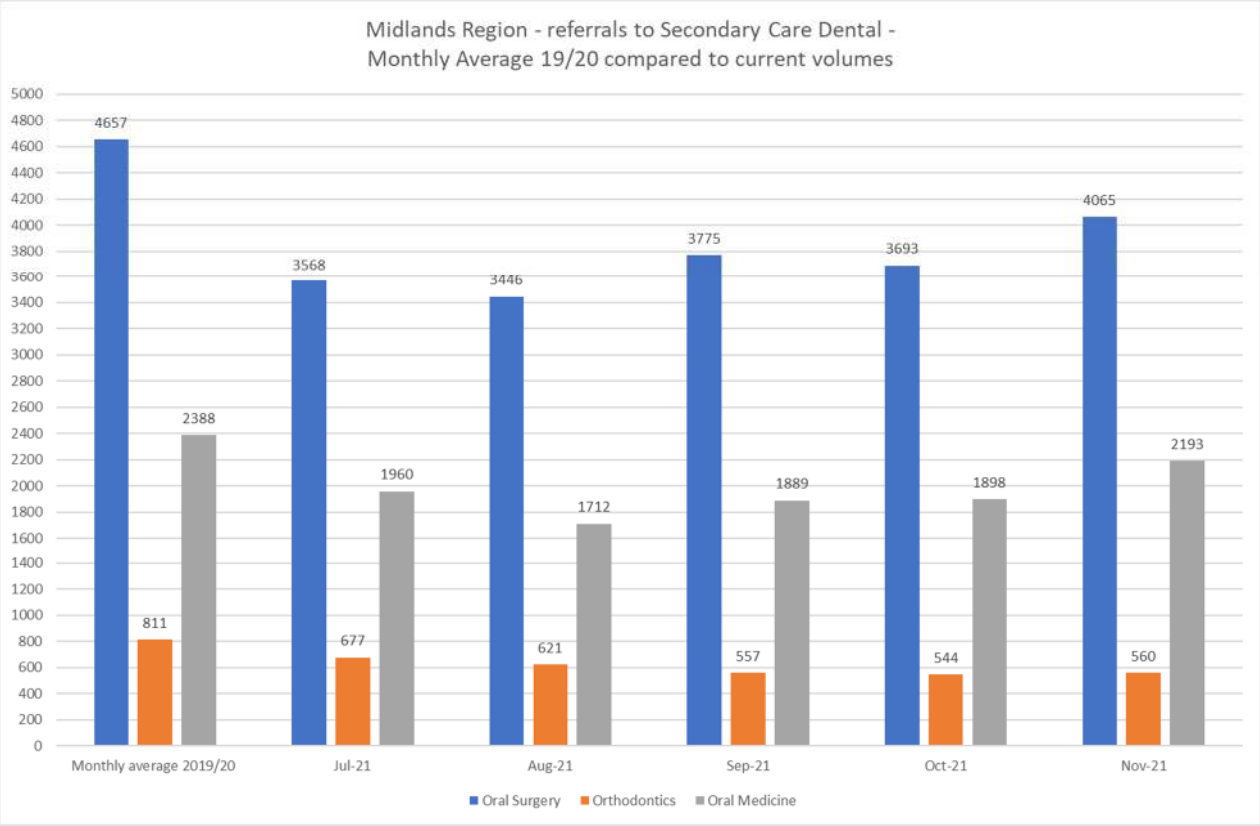


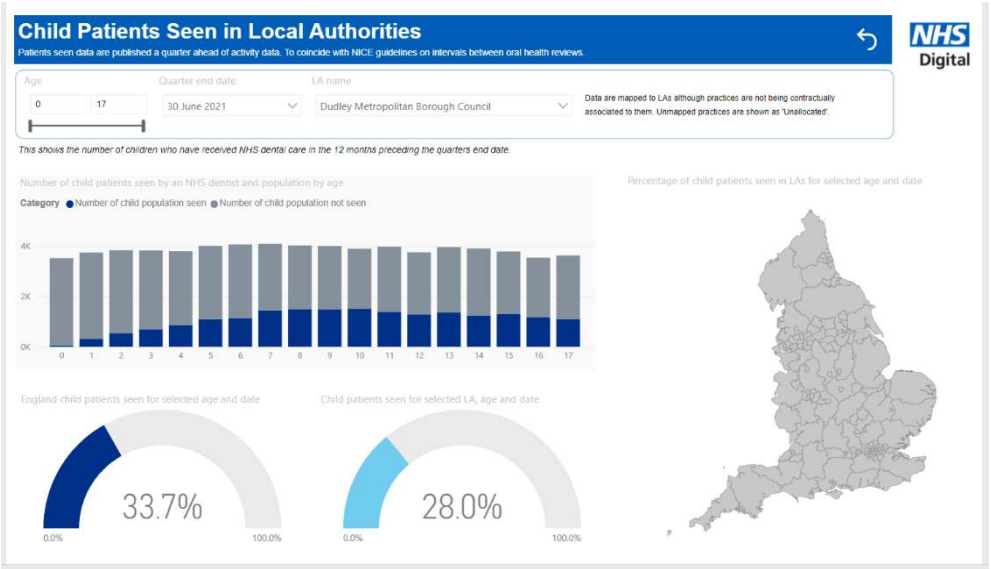
Appendix 3 – Oral Surgery Referral to Treatment (52 Week Waiters) and Activity Level Trends in Secondary Care

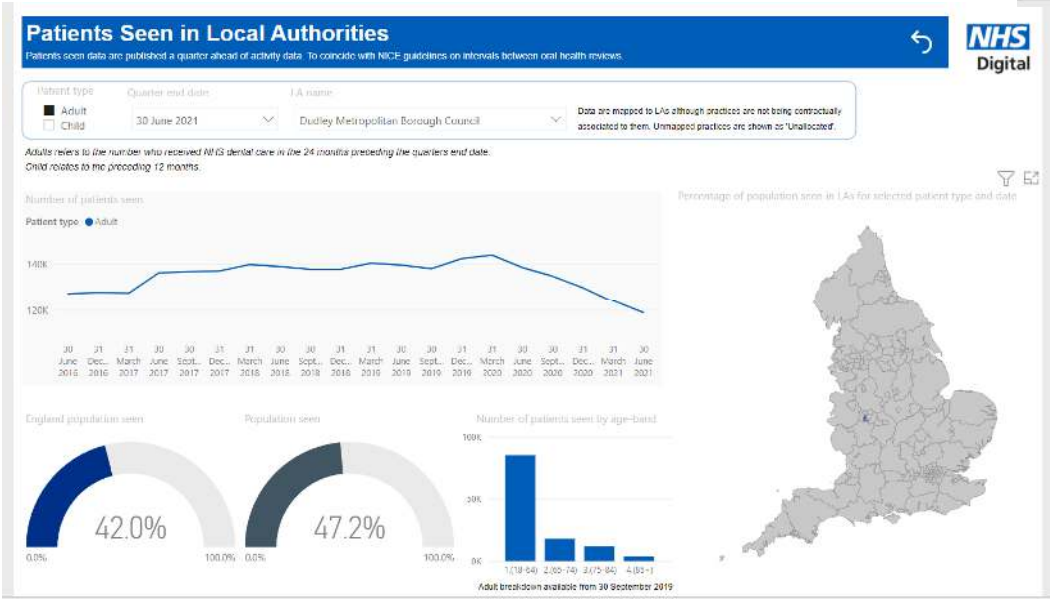




Appendix 4 - Dental Referral Trends




Child Patients Seen in Local Authorities
Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.
NHS Digital
Age
0
17
Quarter end date
30 June 2021
LA name
Dudley Metropolitan Borough Council
Data are mapped to LAs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.
This shows the number of children who have received NHS dental care in the 12 months preceding the quarters end date.
Number of child patients seen by an NHS dentist and population by age
Category Number of child population seen Number of child population not seen
Percentage of child patients seen in LAs for selected age and date
England child patients seen for selected age and date
33.7%
Child patients seen for selected LA, age and date
28.0%


Patients Seen in Local Authorities
Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.
NHS Digital
Patient type
Adult
Child
Quarter end date
30 June 2021
LA name
Dudley Metropolitan Borough Council
Data are mapped to LAs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.
Adults refers to the number who received NHS dental care in the 24 months preceding the quarters end date.
Child relates to the preceding 12 months.
Number of patients seen
Patient type Adult
Percentage of population seen in LAs for selected patient type and date
England population seen
42.0%
Population seen
47.2%
Number of patients seen by age-band
Adult breakdown available from 30 September 2019

Appendix 5 – Examples of tweets shared by the NHS England Communication Team

Agenda Item 7

Meeting of the Health and Adult Social Care Scrutiny Committee – 20th April 2022

Report of the Director of Adult Social Care and Director of Public Health and Wellbeing

Corporate Quarterly Performance Report – Quarter 3 (1st October 2021 to 31st December 20210

Purpose

1. To present the Quarter 3 Public Health and Wellbeing and Adult Social Care Quarterly Performance report of the financial year 2021/22 covering the period 1st October to 31st December 2021.

2. In addition, further data relating to directorate service delivery are included as appendices to the report.

Recommendations

3. It is recommended that the Health and Adults Scrutiny Committee review the contents of this report and that any identified performance issues are referred to the relevant Cabinet Member.

Background

4. The Quarter 3 performance report incorporates both quarterly and annual key performance measures.

Adult Social Care – (Appendix 1)

5. Overall, there are 5 measures reported for Adult Social Care for this financial year. The outturns for quarter 2 show that 3 measures are "On or Exceeding Target", 1 on target tolerance and 1 measure currently has no data to report, due to delays from the data source.

Public Health and Wellbeing - (Appendix 1)

6. Overall, there are 7 quarterly measures reported. The outturns of the collective 7 measures, 4 were "On or Exceeding Target", 1 were "Below Target, 1 we are awaiting data.

7. 6 of the performance measures are new for this year. The 1 performance measures which can be compared against last year and this remains consistent. A breakdown of these measures can be found within the report.

8. The following provides a snapshot of some of the measures that are below target together with the respective exception report.

Directorate Service Delivery

9. Inclusive to the report Directorate Service Summary documents provide a detailed account of service delivery.

COVID-19 Situation in Dudley

10. The corporate performance report going forward will also include an appendix providing information on the Covid-19 situation in Dudley. The report provided will be the latest at the time the final Corporate Performance report is circulated to the committee prior to the scrutiny meeting. For a live account on the Covid-19 situation in Dudley please go to https://www.dudley.gov.uk/coronavirus/ and navigate to Data Dashboard.

11. There are no alternative options to be made in receiving this report.

Finance

12. There are no direct financial implications arising from the content of this report

Law

13. There are no direct law implications arising from the content of this report

Risk Management

14. The current performance reporting period, risk management is contained and reviewed in the performance reporting, however as part of the new risk management framework approved at audit and standards committee, risk reporting will not sit within performance and each directorate will need to develop a risk register for monitoring purposes.

Equality Impact

15. There are no special considerations to be made with regard to equality and diversity in noting and receiving this report.

16. No proposals have been carried out.

17. No proposals have been made, therefore does not impact on children and young people.

Human Resources/Organisational Development

18. There are no specific direct human resource issues in receiving this report. In terms of the Council's sickness level and the management of attendance, the HR and OD team continues to work with Directors and Heads of Service to assist and provide support in tackling those areas identified as having high levels of sickness

Commercial/Procurement

19. There is no direct commercial impact arising from the content of this report.

Council Priorities

20. The Council Plan and the Performance Management Framework enables a consistent approach for performance management across the organisation, aligning the Council Plan, Borough Vision and Future Council Programme and provides that golden thread between them.

21. Our Council Plan is built around 4 key priority areas. The Council Plan is a 3-year **'**Plan on a Page**'**. Each directorate has a Directorate Plan that aligns to the priority outcomes that the Council is striving to achieve, as outlined within the Council Plan, and includes an assessment of how the service has contributed towards these priorities along with a range of key performance indicators to enable us to keep track of progress.

22. Performance management is key in delivering the longer-term vision of the Council. Quarterly Corporate Performance Reports are reported and reviewed by Strategic Executive Board, Informal Cabinet, the Deputy and Shadow Deputy Leader and Future Council Scrutiny Committee

23. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision

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Appendices

Appendix 1 - Adult Social Care Quarterly Performance Report – Quarter 3 (1st October to 31st December 2021)

Appendix 2 - Public Health and Wellbeing Service Report

List of Background Documents

Covid-19 - Live Data dashboard https://www.dudley.gov.uk/coronavirus/

Dudley
Metropolitan Borough Council

Adult Social Care & Public Health & Wellbeing quarterly performance management report 2021-2022

Quarter 3 (1st October to 31st December 2021)

Contents

Section 1: Introduction — **Page 3**

Section 2: Performance Summary — **Page 4-5**

2.2: KPI's below target

Section 3: **Performance Scorecards and Trend Data**

3.1: **Stronger and Safer Communities** — **Page 6**
- Adult Social Care
- Public Health and Wellbeing

Section 4: **Service Delivery**

4.1: Directorate Service Summary Sheets — **Page 7**

Section 1: Introduction

This Quarterly Performance Management Report for Adult Social Care highlights performance for the period 1st October 2021 to 31st December 2021. It provides specific information detailed in the Council Plan 2019-22, relating to performance indicators and key actions. Enabling us to monitor progress towards our vision.

"Dudley Borough – Forging a Future for All"

We have a 'One Council' ethos to build an effective and dynamic organisation aligned to our three core priorities to:

- Grow the economy and create jobs
- Create a cleaner and greener place
- Support stronger and safer communities

The main body of the report focuses on the four priorities contained in the Council Action Plan and provides a detailed review of the progress of the key performance indicators within the plan.

The scorecards show performance for the:

- Reporting Quarter
- The score symbol status denotes performance against set targets.
- The trend symbol status compares latest performance against previous reporting frequency.

The score status symbol employed for performance indicators as follows.

- Where performance exceeds the target tolerance
- Where performance is on target and in the upper half tolerance
- Where performance is below the target tolerance

Short term trend status symbol employed as follows.

- Performance is improved against previous reporting frequency
- Performance is consistent against previous reporting frequency

↘ Performance is worse against previous reporting frequency

Section 2.1: Performance Summary

The Quarter 3 report incorporates both quarterly and annual key performance measures which monitor the progress of delivery of the Council Plan 2019-22, overall, there are 12 measures reported for 2021-22 for Adult Social Care and Public Health and Wellbeing. Below summaries performance against short term targets and trends for both directorates. (Quarter 2 comparing Quarter 1)

Overview: Number of performance indicators due for reporting this quarter: **5**

Performance Indicators status (see Chart 1)	**5** Exceeds target	**3** On target upper tolerance	**1** Below Target	***1 Delayed Data PI 2131***
Short Term Trend Status (see Chart 1)	**6** Improved	**1** Consistent	**3** Worsened	**0 measures are new with no comparable data** **0 measure target change significantly to reflect Covid** ***1 Delayed Data***

The following section provides a detailed scorecard for each key performance measure aligned to the Council Plan priority and directorate service area. Where applicable the percentage and number outturn are shown for this specific reporting quarter.

Summary Status	3 Exceeds Target	1 On target upper tolerance	0 Below target

Performance Indicator	2020-2021 Financial Year				2021-2022 Financial Year						
	Qtr.1 Outturn	Qtr.2 Outturn	Qtr.3 Outturn	Qtr.4 Outturn	Qtr.1 Outturn	Qtr .2 Outturn	Qtr .3 Outturn	Target	Score	Short Term Trend	Benchmarking Comparable Data
PI 501 ASCOF2B (P1) - Prop of 65+ at home 91 days after discharge from hospital into reablement services	84.0%	90.0%	94.0%	88.6% (186/210)	**97%**	**93%**	**92%**	**83%**	★	↘	**82%** England 19/20
PI.2131 % of Delayed transfers of care as percentage of occupied beds	Delay with Data (latest Feb 2020 at 3.9%)							**85**			4.9% (Feb 2020)
PI.2132 % of contacts to adult social care with an outcome of information and advice/signposting	11.4%	9.8%	14.6%	13.5% (3310/24565)	**10.8%**	**10.6%**	**10.9%**	**11%**	◒	↗	Local Measure
PI 2133 % of working age service users (18-64) with a primary support reason of learning disability support, who are living on their own or with their family	65.0%	66.0% (582/882)	40.0%	41% (293/712)	**49%**	**49.5%**	**51%**	**50%**	★	↗	**77.3%** England 19/20
PI.2134 % of the conversion of safeguarding concerns to enquiry	11.0%	3.9% (56/1446)	3.0% (45/1482)	5.6% (87/1552)	**7.5%**	**8.4%**	**8.1%**	**20%**	★	↗	**37%** England 19/20

Section 3.3: Stronger and Safer Communities (Public Health and Wellbeing) - Scorecard

Summary status	2 Exceeds target	2 On target upper tolerance	1 Below target

Performance Indicator	Comparator to 2020-21	2021-2022 financial year						Benchmarking comparator data
	Qtr. 3 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Target	Score	Short term trend	
PI 2074 Proportion of premises in the borough that are broadly complaint with food hygiene law (star rating of 3 or more).	84.0%	81.06%	86.6%	**86.8%**	**90%**			
includes unrated new businesses which were registered last year and which we were advised by the FSA were not a priority for inspection. These unrated businesses are now being prioritised for inspection.								
PI 1441 Air Quality completed in actions in accordance with the timetable in the approved Air Quality action plan.	New measure	100%	100%	**100%**	**75%**			
PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team)	New measure	£123,6100	£410,000	**£414,300**	**£125,000**			
PI 1798 To reduce the absolute percentage gap in NHS Health checks coverage	22.0%	1%	2.2%	**-0.6%**	**1%**			
NHS Health Checks were largely suspended during the pandemic. Therefore, the trajectory for this indicator may be variable until more practices can participate again. Timing of this will be subject to demands of managing COVID-19.								
PI 2258 Increase the uptake of Covid vaccinations in all hard-to-reach communities.	New measure	80%	80%	**84%**	**72%**			
PI 2259 % of Local Covid cases that are followed up within 24 hours	New measure	97%	98%	**87%**	**90%**			
PI 2260 % reduction in smoking during pregnancy	New measure	8.9%	6.8%	**Data delayed**	**11%**			
Data based on all maternities per CCG. Due to implementation issues with the new patient care record in Maternity we are unable to provide accurate SATOD figures for this quarter. We have assurance from Dudley Group that this will be resolved as a priority								

Corporate Scrutiny Service Summary (Template)

Directorate: Adult Social Care

Date: Quarter 3 performance reporting

Benchmarking (with local authorities/nearest neighbours)

- Dudley MBC won the Gold Public Service Transformation Award for Project Rita against strong competition from Northern Ireland, Scotland and English Local Authorities. Rita is a project for people with Dementia that enabled people to stay connected with loved ones during the Covid '19 pandemic.
- Adult Social Care have maintained a full Care Act range of services throughout the quarter with increasing demand for safeguarding, Deprivation of Liberty Safeguards (DOLS), packages of care for Older People and hospital discharges.

Overview of Service Delivery (include any issues / risks)

There is insufficient domiciliary care capacity to meet the additional demand caused by Omicron. This is resulting in people being diverted away from hospital into temporary bed-based placements awaiting availability of care at home support.

A high level of discharges has been sustained despite the impact of the Omicron variant and increased demand at the Russell's Hall Hospital. DTOC figures remained in single digits for most of the third quarter and were also subject to scrutiny in January 2022.

Workforce Metrics – (Corporate to populate)

Service Achievements *(report of any external accreditation, nomination for awards, positive publicity, during the past quarter)*

The first phase of the Adult Social Care in Dudley online portal went live today, Wednesday 15 December.

This new, secure, system allows residents and carers to complete and submit social care forms and assessments online, check if they could get help paying for care and gain access to wide-ranging information at a time and place to suit them. Similarly, professionals will be able to submit referrals online.

The portal is in addition to the current ways of communicating with Adult Social Care.

Phase one of the launch includes the information signposting and financial assessment sections. The other phases will go live from January – July 2022.

Access and Prevention

- Financial assessment completion is on target, with assessments typically taking up to 4 weeks to complete from start date of long-term care. 135 first assessments and 401 re-assessments have been completed for the period 01/10/21 to 31/12/21. Loss from financial re-assessments completed for this period total £78046.28 per annum (£1500.89 per week). This is mainly due to two Money Management clients where they have gone from self-funders to contribution payers in October. These two cases alone lost us income of £152,302.28 per annum.
- The living well feeling safe partnership continues to meet virtually and shares local information,

offers home assessment visits and an online service. A "get connected" event was held at Merry hill Centre and 300+ members of the community gained information and advice on a range of support aimed at keeping them safe and well in their own homes. A total of 362 "hits" was been made to the online LWFS tool of which 281 were new visitors to the site.

Dudley Disability Service

- New quality monitoring process has been developed and trialled with the transition team. This is being rolled out to the whole service during quarter 4. Quarter 3 – 188 needs assessments completed -291 reviews.
- Preparing for Adulthood strategy was agreed and launched and a detailed list of outcomes from have been identified Having a clear set of outcomes has given real focus to the work and many of the outcomes have been achieved or on track to being achieved. A new governance structure with working groups linked to the 4 pillars within the strategy is in place to drive forward meeting the outcomes within the strategy and agreed future outcomes. These groups have enabled partnership working to really develop and a strong commitment to achieving the outcomes in the strategy to grow. A Post 19 Complex PFA Group has been created as part of the PFA governance structure to specifically focus on how we meet the outcomes for this group.
- There has been positive movement of people moving from a residential setting to living in the community and this will continue to be a key focus for the service. A housing need analysis of supported housing for people with disabilities in Dudley is being conducted that will identify current provision, gaps in provision and future need.

Assessment & Independence

- A high level of discharges has been sustained despite the impact of the Omicron variant and increased demand at the Russell's Hall Hospital. DTOC figures remained in single digits for most of the third quarter and were also subject to scrutiny in January 2022.

Adult Safeguarding & Mental Health

- MASH maintained a full Care Act Compliant service throughout the third quarter, despite the need to mobilise the business continuity plan towards the end of December/early January.
- The Adults at Risk Team has now been established and the team are working with vulnerable adults who present with a range of complex needs The AMHP hub has seen an increase in referrals, however, all the elements of the statutory duties are being met within the designated and regionally agreed timeframes

Integrated Commissioning Performance & Partnerships

- Voluntary Sector Provider – awarded and mobilisation plan in place for April 1st, 2022 start date
- Extra Care – modelling completed. Aim for February 2022 Cabinet. RP procurement project being finalised

Opportunities for Improvement *(information relating to service complaints / compliments and learning from these.*

Any additional information relevant to Corporate Scrutiny

Despite increased demand, staffing absences, limited domiciliary care capacity, fuel shortages and fluctuating Covid '19 levels the service continues to adapt to meet the needs of the Borough.

Appendix 2

Corporate Scrutiny Service Summary

Directorate	**PUBLIC HEALTH AND WELLBEING**
Date	QUARTER 3 PERFORMANCE REPORTING 2021-22

Benchmarking (with local authorities/nearest neighbours)

The Public Health and Wellbeing Department continue to make significant progress on the Dudley Local Outbreak Management Plan Some of the original objectives set out in the LOMP have evolved and are being adapted to meet the changes made a national level

The department continues to make progress on our business plan objectives to achieve the best outcomes for the residents of Dudley. The outturn results for quarter 3 against the business plan are detailed below.

Overview of Service Delivery (include any issues / risks)

COVID RESPONSE

- Significant progress has been made against the LOMP aligned with locally agreed targeted needs of the population of Dudley. Since the development of the programme plan national policy and guidance has changed as the pandemic has evolved which has meant that some of the original objectives set out in the LOMP have needed to evolve and adapt with those changes. In line with the Contain Framework (Published in August) the ongoing focus for the Council has been to support Dudley residents and businesses, moving away from stringent restrictions to everyone's day-to-day lives and advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.
- A major priority for the system has been to learn the lessons thus far and protect and support those most vulnerable to the consequences of Covid and any other infectious disease. Updates -We continue to offer a 7 day service to respond to Covid incidents and outbreaks.
- Testing engagement and promotion continues with a particular emphasis on our hard to reach/vulnerable groups Contact tracing and door-to-door visits continue to encourage participation in test and trace.
- As a result of the sudden and exponential rise in Omicron cases, the changes in isolation period and the associated unprecedented increase in demand for tests (the demand for Lateral Flow Tests significantly more than doubled in December) we have continued to support our services and communities with access to testing both LFT and PCR testing. We continue to offer a 7 day service (including over the Christmas & New Year period) to respond to Covid incidents and outbreaks
- Testing engagement and promotion continues with a particular emphasis on our hard to reach/vulnerable groups
- Contact tracing and door-to-door visits continue to encourage participation in test and trace

- A number of engagement strategies/commissioned services have been implemented to encourage and promote the uptake of vaccination including the vaccination on wheels project team re-visited the three colleges in November supporting the NHS vaccination programme targeting people aged 16-17 year with a specific focus on health and social care students and delivered a further 161 doses (total 921 doses for students between Sep – Nov)). The public health vaccination team also supported the NHS booster uptake in December delivering a pop up vaccination clinic for 5 days at Dudley college between 18-22 Dec and delivered 652 vaccines.

PH Legacy for Common Wealth games 2022

The Emergency Planning team are involved in several regional and internal meetings focusing on C3 and wider resilience capabilities to support the Games. Regionally tasks in hand comprise determining how Dudley and Wolverhampton will work together to support the time trials scheduled to take place on 4th August 2022, including strategic, tactical, and operational objectives. Development of a generic SitRep that can be used by all resilience partners to manage incidents. Development of a risk assurance process to enable suitable mitigations to be put in place at local levels and understanding how non-specific, Games related, and Games specific incidents will be managed in tandem. Locally the EP team await issue of a resilience work package to support incident response and have recommended that Dudley's SAG is included in CWG planning moving forward to ensure joint working across the Council. It is anticipated regional and local involvement in the Games will enable increased understanding of incident management in future events within the Dudley footprint and regionally and encourage improved joint working both within Dudley Council and across the region leading to more streamlined and community focused incident preparedness, response, and recovery.

To develop Environmental Health and Trading Standards service delivery to align with Public Health priorities

Work continues to be developed to link food hygiene inspections and initiatives to encourage healthy eating (tacking obesity), removing illicit tobacco from sale (reducing tobacco addiction/reducing smoking in pregnancy), improving air quality (tackling climate change) and visiting vulnerable residents who are targeted by scammers (tackling loneliness and isolation).

Work with Adult Safeguarding to reduce the number of vulnerable adults subject to financial scamming

Specialist officers in Trading Standards attend Adult MASH to provide appraisal of financial abuse referrals and investigation where necessary. Scams officers visit Dudley residents who are being targeted by scammers to educate and prevent financial exploitation.

Improve health and wellbeing in care homes

A Dudley care homes website is now established on the public health website www.lets-get.com and promoted by our NHS colleagues. It is a password protected page dedicated for Dudley care homes. Current information on falls, medication and dementia support is available.

Work with partners to develop and deliver a public health approach to violence reduction

Work is progressing to develop a public health approach to violence prevention framework which will be embedded across all lead areas of the Community Safety Partnership Board for

Dudley, Safe and Sound Board to deliver on interventions with an emphasis of ongoing surveillance, evidence based progressive levels of preventative interventions, dissemination of what works to defined populations and evaluation. The Serious Violence Group, has commenced work in preparation for the Serious Violence Duty becoming a legal requirement in 2022. Work is progressing on the Serious Violence Strategic Needs Assessment due to be completed by the end of the 21/22 financial year
Working with partners, refresh and deliver the suicide prevention plan to build a suicide safer Borough
A refresh of the Action Plan has been undertaken with Dudley Suicide Prevention Group Partners. Surveillance work has been taken forward on a Black Country wide basis with key partners and neighbouring local authorities. Suicide Prevention training for front-line non-specialist services continues to be rolled out and well received. Wise Steps Gate Keeper training delivered to 165 people and Wise Steps Plus training delivered to 61 people. Online Zero Suicide Alliance training (step 1 social isolation module) completed by 201 council staff, step 2 (ZSA gateway module) completed by 176 staff and step 3 (ZSA suicide awareness training) completed by 166 staff. Planning is underway to extend specialist training to GPs alongside Mental Health First Aid training for front of house primary care staff. Planning has also taken place for the development of post-vention bereavement support Black Country wide with national funding. A wider range of activity is being udertaken by partners across the voluntary and statutory sector, including work in relation to public places and provision of crisis cafe support.
Upskill Dudley integrated care partnership in population health
PH&W are providing ongoing support to the Partnership Board, local primary care networks and DIHC to develop a shared understanding of population health management and identify key opportunities for improving health and reducing inequalities. Along with DIHC and other local NHS partners we have recently begun to participate in a program of population health management leadership training and development, led by CAP Gemini over the next five months.
Relaunch of community forums across all townships
Online community forum meetings in October and November trialled. External digital engagement expert commissioned to support and provide training for Liaison Officers and Community Development Workers (CDWs), facilitate feedback sessions and an online survey and produce an evaluation report. Ten community forum meetings held online. Feedback collected from attendees (residents, elected members, council officers and Police reps), via a survey monkey online survey/ evaluation form and online discussion sessions. An independent consultant also attended two meetings to observe. Feedback and insight used to inform recommendations for future community forum meetings and evaluation report produced. Outstanding grants and internal payments all chased up.
Develop a system wide approach to bereavement and compassionate communities
“The bereavement toolkit developed with community engagement was launched with an accompanying video in National Grief awareness week in December. The accompanying social media campaign ran for 2 weeks in December. The campaign performed impressively with 163,000 impressions and a CTR of 31.60% on Twitter. It also resulted in 1500 Let’s Get website hits with average viewing time of 3-4 minutes indicating videos viewed and pages read.

The Bereavement Charter for Dudley was approved by the HWB in December and a campaign to support the launch will now be developed. Faith leaders and celebrants have been supported to co-produce a resource pack that will strengthen their support for the bereaved and provide focus on their personal wellbeing. A Celebrant continues to work with us to develop a Reflective Support Group for those who work in the funeral industry. Places of Welcome have been supported in reopening with an awareness of bereavement support and access to free suicide prevention training for volunteers. An End of Life and bereavement training package for Care Home Staff has been developed."
Review, prioritise and implement a plan of action to tackle obesity
Sport England has announced £1,441,897 of new funding for the Black Country, including Dudley, as part of its wider investment into the Birmingham 2022 Commonwealth Games. The aim of the funding is to tackle inactivity in local communities and engage underrepresented groups, such as people on lower incomes and disabled people - a core part of Sport England's 10-year strategy, Uniting the Movement. Dudley has worked collaboratively with partners to develop a successful Commonwealth Active Communities plan which reflects the difference we collectively want to make to individuals, communities, places and organisations. Providers have been commissioned to deliver the Tier 2 Adult Weight Management Services funded by Public Health England (now Office for Health Improvement and Disparities). Participants will be recruited in the New Year with a focus on at risk groups, in addition to a commercial service to meet the number requirements of the funders.
Work with partners to develop, commission and implement a programme to increase the resilience of children, young people and families
The STORK programme which is funded as part of the nurture and resilience portfolio has recently been evaluated. STORK is an interactive programme for parents and carers of new-born babies at Russells Hall Hospital. It aims to provide awareness of, information and training on aspects relating to reducing risks for infant mortality in the region. One of its key objectives is to raise awareness of how to prevent Sudden Infant Deaths. In 20-21 559 family members (Mums and Partners) were trained. Due to the pandemic antenatal parent classes (during the same time frame) were not running. Therefore, the STORK programme was considered fundamental for these vulnerable babies. Feedback received: Everyone who attended the STORK programme said they had learnt something new. Funding has been secured for a further year with plans to mainstream the programme into the Hospital in future being explored.

Workforce Metrics

Headcount & FTE as at 31/12/2021

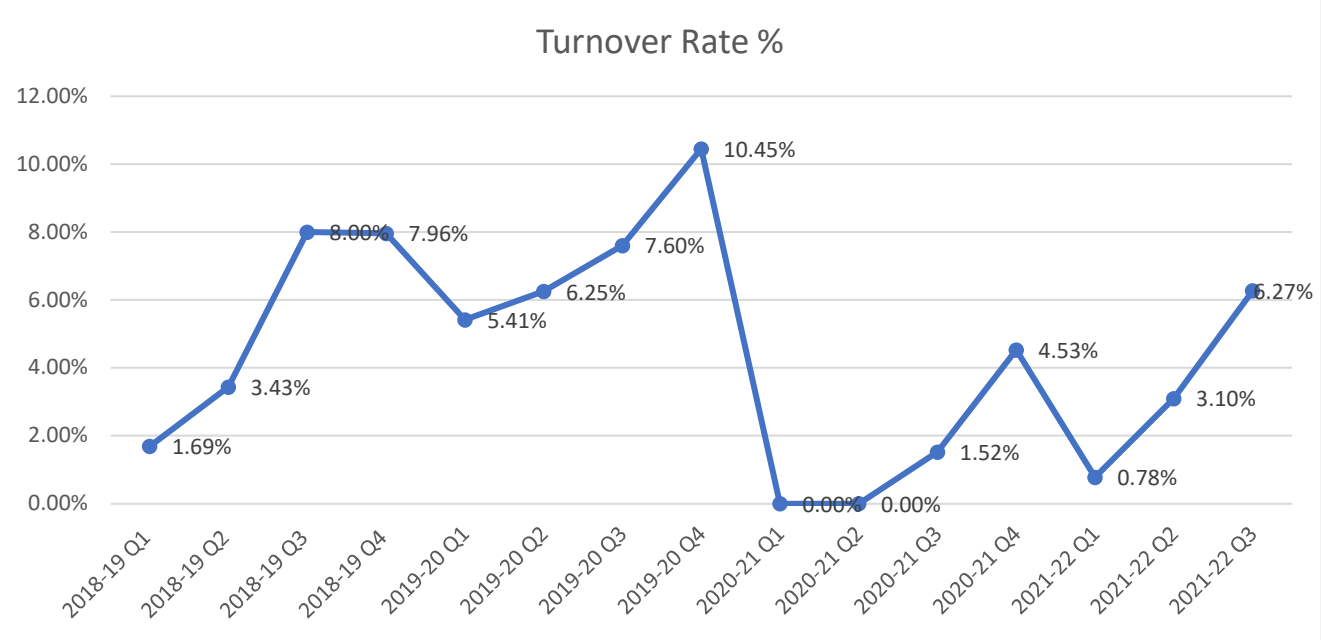
Division	Headcount Non Casual	Casual Headcount	Total Headcount	FTE
Management Team	3	0	3	2.01
Adults & Older Peoples Public Health	14	1	15	10.61
Children & Young Peoples Public Health	11	0	11	8.89
Credit Union	8	0	8	4.38
Environmental Health & Trading Standards	43	0	43	38.21
Executive Support Team	10	0	10	8.61
Health & Wellbeing Business Support	9	25	34	7.22
Health Care Public Health	4	4	8	3.00
Health Protection	7	0	7	6.43
Healthy Communities & Place	21	0	21	19.79
Health & Wellbeing Total	**128**	**28**	**156**	**109.15**

Ethnicity	Headcount	%
Ethnic Minority Group	15	11.7%
Undisclosed	7	5.5%
White	106	82.8%
Grand Total	**128**	**100.0%**

Disability	Headcount	%
Disabled	9	7.0%
Not Disabled	91	71.1%
Undisclosed	28	21.9%
Grand Total	**128**	**100.0%**

Gender	Headcount	%
Female	97	76%
Male	31	24%
Grand Total	**128**	**100%**

Quarter	Turnover rate %
2021-22 Q3	6.27%



Service Achievements *(report of any external accreditation, nomination for awards, positive publicity, during the past quarter)*

In November Sir John Timpson CBE announced that Dudley's Nurture & Resilience Project was to be awarded the "2021 Alex Timpson ARC Attachment Award for Collaborative Work". The award celebrates best practice in attachment and trauma aware schools and settings. This is testimony to the collaboration between schools, practitioners and multi- agency colleagues who have championed, supported and enabled the project

Sport England has announced £1,441,897 of new funding for the Black Country, including Dudley, as part of its wider investment into the Birmingham 2022 Commonwealth Games. The aim of the funding is to tackle inactivity in local communities and engage underrepresented groups, such as people on lower incomes and disabled people - a core part of Sport England's 10-year strategy, Uniting the Movement. We will also focus on wards along the Metro Extension corridor.

Successfully awarded contract to Dudley Empowerment Partnership, a collaboration of organisations from the voluntary sector. Contract start date is 01 April 2022. Currently in mobilisation phase. As well as adult and children's advocacy, direct payments and information and advice, the new partnership will deliver the Dudley self management programme, contribute to tackling loneliness and isolation, promote wellbeing in older adults and deliver ageing well services.

Officers in EHTS have specialist knowledge of the altering regulatory requirements on businesses post Brexit. Advice is provided to both food and non food businesses to ensure compliance and facilitate successful trading practices

The Dudley's Winter Plan as well as Covid-19 was developed, approved and circulated to Council colleagues and partners on 23rd December 2021

Opportunities for Improvement – Learning from COVID

Review and develop the local health protection system

The Health Protection Team are working with partners in the CCG and Dudley integrated health care to further review processes and how we can work together/support the system around communicable disease following learning from COVID. Education for social care staff via virtual means and also a refresher training you tube video was produced by the team around flu which was circulated for social care staff. The team continued to circulate the multiple changes in guidance to social care providers and any other communications as required to assist providers. In light of omicron the Health Protection Team continue to be heavily involved in COVID response supporting outbreaks and incidents within Social care and school settings

Any additional information relevant to Corporate Scrutiny