



Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday 14 March 2024

Time: 9:30am

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham,
NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Scrutiny and Audit Support Officer: Adrian Mann

Direct Dial: 0115 876 4353

- 1 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 10
Minutes of the meeting held on 15 February 2024, for confirmation
- 4 Access to NHS Dental Services** 11 - 46
Report of the Statutory Scrutiny Officer
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Report of the Statutory Scrutiny Officer
- 6 Work Programme** 63 - 70
Report of the Statutory Scrutiny Officer

If you need advice on declaring an interest in any item on the agenda, please contact the Scrutiny and Audit Support Officer shown above before the day of the meeting, if possible.

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Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 15 February 2024 from 9:30am to 11:51am

Membership

Present

Councillor Georgia Power (Chair)
Councillor Saj Ahmad (Vice Chair)
Councillor Michael Edwards
Councillor Kirsty Jones
Councillor Eunice Regan

Absent

Councillor Maria Joannou
Councillor Farzana Mahmood
Councillor Sarita-Marie Rehman-Wall

Colleagues, partners and others in attendance:

Bel Asher	- Acting Chief People Officer, Nottingham University Hospitals NHS Trust
Dr Elizabeth Calderbank	- Senior Project Manager and NHS Workforce Race Equality Standard Expert, Nottingham University Hospitals NHS Trust
Sarah Collis	- Chair, Healthwatch Nottingham and Nottinghamshire
Clive Clarke	- Director of Inclusion, Nottingham University Hospitals NHS Trust
Adrian Mann	- Scrutiny and Audit Support Officer
Anthony May	- Chief Executive, Nottingham University Hospitals NHS Trust
Kate Morris	- Scrutiny and Audit Support Officer
Sara Storey	- Director of Adult Social Care
Councillor Linda Woodings	- Portfolio Holder for Adult Social Care and Health

36 Apologies for Absence

Councillor Maria Joannou	-	unwell
Councillor Farzana Mahmood	-	personal reasons

37 Declarations of Interests

In the interests of transparency, Councillor Saj Ahmad stated that she is an employee of NHS England and the Department of Health and Social Care.

38 Minutes

The Committee confirmed the minutes of the meeting held on 30 January 2024 as a correct record and they were signed by the Chair, subject to the correction of the spelling of Councillor Saj Ahmad's surname under item 30 (Apologies for Absence).

39 Nottingham University Hospitals NHS Trust - Workforce Inclusion Strategy

Anthony May, Chief Executive of the Nottingham University Hospitals NHS Trust (NUH); Bel Asher, Acting Chief People Officer; Dr Elizabeth Calderbank, Senior Project Manager and NHS Workforce Race Equality Standard Expert; and Clive Clarke, Director of Inclusion, presented a report on the development and adoption of NUH's new Workforce Inclusion Strategy. The following points were raised:

- a) The Strategy has been developed as part of the work around the People First programme and was signed off by the NUH Board during January 2024. The Strategy includes four objectives:
 - addressing bullying, harassment, racism and discrimination;
 - promoting accountability of all leaders;
 - increasing equality of opportunity for progression and growth at NUH, and supporting the levelling up agenda locally by improving 'Inclusion for All' within NUH and wider NHS workforce; and
 - facilitating social mobility in the communities NUH serves through employment, internships and work experience opportunities, and reaching out to engage with communities.

- b) The Strategy's objectives are supported by 23 actions. A success matrix has been designed to measure how well the Strategy is working, and it will be used in two ways. Firstly, each division has established its current baseline position, which has been used to identify the priorities for the division over the coming 12-18 months. The initial feedback from divisions on their baseline has been received and work is underway to engage with the teams and establish objectives. Some divisions have specific inclusion strategies in place already. As part of this work, the divisions have all been paired with a corporate team to ensure that this model is fit for purpose and the work is embedded in the culture of the organisation.

- c) A number of different metrics will be used to monitor progress against the Strategy and identify areas for additional support or interventions. It has already been possible to see that since the start of the work in 2023 there have been improvements made, with a slow but steady increase in Black, Asian and Minority Ethnic (BAME) staff throughout NUH. BAME representation across the workforce is currently 26.6%, representing an increase of 4.7% from 2023, making NUH higher than the national average of 24.2%.

- d) The Community Engagement team has been working with a number of community groups, including those that are emerging and hard to reach, to showcase NUH as a diverse and open employer. There are a number of opportunities for people to join NUH in a large variety of roles, including through apprenticeships. This work is done in support of a NUH-wide evaluation of staff demographics in comparison to Nottingham and the wider area, with the aim to make NUH truly representative of the population that it serves.

- e) The Stopping Bullying, Harassment and Discrimination Charter was launched in 2023 and was developed following extensive staff engagement. It has been a central part of essential leadership training events and has been signed up to by teams across NUH through team meetings, with 93% of staff feeling that it is a

valuable tool. The Safer and Inclusive workstream triangulates data from staff surveys and feedback from the staff advocates to target hotspots in the organisation for more proactive work and, if necessary, more intensive support or intervention.

- f) Staff members are reporting feeling more confident in the internal grievance process and that issues are being dealt with quickly and effectively. The reviewed policy and process has been updated with a focus on early intervention and resolution. More complaints are being informally resolved prior to being escalated to the formal grievance process.
- g) Extra support for staff dealing with aggressive patients has been introduced. A number of body-worn cameras have been deployed, there is a focus on training staff on de-escalation, and there has been improved liaison between staff and the Police (with a dedicated co-ordinator now in place). Policies around aggressive patients have been reviewed and updated and a prominent poster campaign is in place to remind patients that violent or abusive behaviour towards staff is not appropriate and will be addressed.

The Committee raised the following points in discussion:

- h) The Committee queried the policy approach to patients refusing treatment from BAME staff. It was explained that NUH has a policy in place for patients who refuse treatment from BAME staff members. In cases of refusal there would be an initial conversation with the patient and, if treatment continued to be refused by the patient, the very last step would be for treatment to be halted. The policy is very clear that racism of any kind toward staff cannot be tolerated – while also needing to ensure that no vulnerable person is excluded from treatment.
- i) The Committee asked what the main challenges to achieving the aims of the Workforce Inclusion Strategy were and how NUH planned to tackle them. It was reported that four main challenges to achieving the aims of the Strategy are maintaining momentum, stabilising and making permanent the Inclusion team posts, leadership and capacity within Human Resources, and up-skilling line managers. Staff across NUH are enthusiastic about the Strategy, but there are challenges in relation capacity for delivery in all divisions and the corporate team. The training available to managers and the briefings for all staff highlight the ways that the work of the Strategy can be worked into everyday activities, rather than be considered as an additional thing to do.
- j) The Committee commented that the Strategy did not appear to contain detailed reference to intersectionality or gender identity and considered that these should be key elements that are reflected more prominently. It was explained that the Strategy represents an overarching document with a number of work programmes contained within it. Considering intersectionality is a key part of the work being done within NUH and is recognised as a vital element in improving experiences for both staff and patients.
- k) The Committee asked how staff networks were established and supported, and how their voice was heard up through to corporate leadership. It was set out that the staff networks were established with the support of the NUH Board and have

an appropriate allocated budget for running costs. Each network has a sponsor from the leadership team and the chairs of each network are supported with specific relevant training. Each network has a set objective around improving membership, a dedicated work programme and representation at departmental and corporate meetings. Members of the networks are offered shadowing experiences, and are invited to be involved with improvement work around recruitment, retention and leadership development. Three of the networks (LGBTQIA+, Disability and BAME) have been established in operation for some time, while there are two newer networks for women and neurodiverse colleagues being established.

- l) The Committee queried whether a biannual staff survey was sufficient and whether there should be a shift to quarterly reporting to the NUH Board to ensure momentum is not lost. It was explained that, alongside the general staff surveys, there were also more focused surveys taking place. Consideration is being given to how to best feed the information gathered into the right places, including the headline metrics from surveys going into a regular report to further supplement the information already received by the NUH Board. The Inclusion Ambassadors from divisions are also linking into senior leadership teams to bring feedback directly from staff.
- m) The Committee asked what Trade Union involvement there had been through the development of the Strategy and whether exit interview data had been used to inform it. It was set out that Unions were part of the consultation process throughout the development of the Strategy through a specific development group. The Strategy was also reviewed by the Unions prior to going for sign-off by the NUH Board. The exit interview process has been reviewed and improved to ensure more data is captured. This data is fed into the Inclusion workstream through divisional committees. Themes found within any disciplinary proceedings are logged and monitored at a divisional level and this information is used to target additional support and training where needed. This is also fed back into the workstreams through divisional committees.
- n) The Committee asked what specific targets NUH had set for improvements on individual metrics. It was explained that the data for setting these targets is complex and is constantly changing with staff flow. The aim of the Strategy is to see a year-on-year improvement for all metrics with a steady trajectory. Stabilising staffing is important. Currently, there have been fewer recruitment challenges and retention rates are slowly increasing as the labour market has eased. Both turnover and sickness rates have decreased, and staff have reported feeling more confident to speak up on issues in relation to their wellbeing.
- o) The Committee requested more information around achieving culture shift, especially on how staff felt they were being treated. It was reported that staff within the Facilities and Estates team have not always felt a close connection to the rest of NUH, with many of their contracts being temporary. Work has been done to convert many temporary contracts to being permanent, and to encourage staff to participate in additional training and access the different opportunities available to them. The general staff survey has highlighted that this shift is encouraging staff to recommend NUH as a place of work to family and friends, further advancing the Workforce Inclusion Strategy. This builds on the work

underway with local community groups, schools and universities in the region to make NUH an employer of choice for everyone.

The Chair thanked the representatives of NUH for attending the meeting to present the report and answer the Committee's questions.

Resolved:

- 1) To request that the Workforce Inclusion Strategy's (WIS) Inclusion Maturity Matrix is circulated to members, for information.**
- 2) To request that case studies and representative individual feedback are used as part of future reporting on the WIS, to illustrate how it is progressing and being delivered.**
- 3) To recommend that the WIS makes clearer reference to the importance of intersectionality and the detail of the particular communities from which NUH staff are drawn, and how overcoming barriers to full inclusivity and belonging will be approached on an appropriately individualised basis.**
- 4) To recommend that the WIS further draws out what inclusivity and belonging means to NUH in terms of gender identity.**
- 5) To recommend that the NUH Board is able to review the metrics and feedback from staff on how the WIS is being implemented and delivered on a suitably regular basis.**
- 6) To recommend that appropriate positive action continues to be developed with disadvantaged communities within Nottingham to show that NUH is an accessible and inclusive local employer, with employment opportunities available across a wide range of areas.**

40 Care Quality Commission Pilot Care Act Assessment

Councillor Linda Woodings, Portfolio Holder for Adult Social Care and Health, and Sara Storey, Director of Adult Social Care, presented a report on the outcomes of the recent pilot Care Act Assessment carried out by the Care Quality Commission (CQC). The following points were raised:

- a) In 2023, the Council volunteered to participate in the pilot assessment framework developed by the CQC to assess how Local Authorities are meeting their duties under Part 1 of the Care Act 2014. The pilot inspection took place during the summer of 2023 and, in November 2023, the report produced by the CQC was issued – giving an assessment rating of 'requires improvement', while acknowledging that the Council already had a good awareness of where improvement was needed.
- b) A full self-assessment was carried out in preparation for the CQC visit, which was a positive learning experience for staff that developed understanding and reduced anxieties. The assessment covered nine areas, three of which were scored 'good', with the other areas scoring close to the 'good' threshold – with the CQC

noting that the existing transformation work within Adult Social Care had come a long way in improving services prior to the assessment.

- c) The report issued by the CQC represents a narrative, rather than providing a specific list of actions, and is being used to build on and develop the Adult Social Care transformation programme already underway. Strengths within the Service that the CQC acknowledged included the dedication, passion and commitment of staff, the visibility of senior officers, the work already underway to address waiting lists, positive examples of prevention and supporting independence, and good support in terms of the training and development of staff.
- d) Areas identified for improvement include caseload pressures in some teams, confusing or duplicate pathways between some teams and partners, enhancing co-production and participation, delays caused by sourcing and availability of suitable accommodation, accessibility of information and support for the diverse population. Particular reference was made to how advocacy support could be improved, in addition to access to mental health services.
- e) Unfortunately, budget constraints mean that it is unlikely that the Council will be able to reach an 'outstanding' rating, as this would require a significant level of investment that may not be achievable at this time. However, with targeted work and the appropriate prioritisation of funding, it is the aim for the Council to achieve an assessment of 'good' from the CQC in the future.

The Committee raised the following points in discussion:

- f) The Committee asked for more information on how the Council's wider proposed budget cuts and service restructuring might impact on the ability to achieve an assessment rating of 'good' in the future. It was set out that there is a risk that if funding is reduced then the standards of some services could deteriorate. Statutory services will remain the priority for funding, with activity taking place to better understand other areas that should be prioritised, including working to reduce the requirement for crisis services and supporting independence. There is currently an effective and efficient triage system in place to identify the most urgent need, with systems for the assessment and management of risk. There are external grants and specialist funding that the Council can access and work continues to understand how best to maximise the use of these funds, such as for managing service and assessment waiting times as effectively as possible.
- g) The Committee asked whether the CQC assessment team had fully considered the particular context and culture of the Council and Nottingham as part of their assessment. It was explained that the CQC had learned about and taken into account the culture within Adult Social Care when conducting the assessment. Given the limited time of the pilot assessment, the CQC did not have the opportunity to look more closely at the Council's wider culture, but understood the constraints within which it is operating, currently.
- h) The Committee asked how the Council was learning from other Local Authorities, nationally. It was explained that staff have supported and taken part in peer reviews across the country, and there are a number of different professional networks dedicated to sharing best practice. The challenge now is facilitating the

peer-based learning and knowledge sharing given reduced resources and increasing workloads. The Association of Directors of Adult Social Services has established a group to review the emerging themes and developments in legislation and share learning and experience.

- i) The Committee asked for an indication on the numbers of people in receipt of Adult Social Care services and whether that figure could be broken down to the ward level. It was reported that, overall, around 7,200 adults across the city are users of the Adult Social Care services, 5,000 of whom receive care support. However, it is not currently possible to break these numbers down to indicate service usage at the individual ward level.
- j) The Committee asked for assurance that work was being developed to move the assessment rating from 'requires improvement' to 'good' in all areas. It was explained that transformation work continues and is being reviewed to take into consideration the comments from the CQC pilot assessment. Investment in services to the level that would be required to obtain an 'outstanding' assessment rating does not seem viable within the current financial climate, however, progressing to a 'good' rating is considered to be achievable. Ensuring that a good quality of care is delivered remains a challenge, but all statutory duties are being met and safeguarding remains a priority. The wider funding for the voluntary sector to support care needs at a community level remains a significant challenge and any reduction in this area could impact on the level of care and availability of services, particularly in the context of prevention.
- k) The Committee sought assurance that services were fully accessible to the people who needed them. It was explained that the CQC assessment had found that some team structures were complex and some of the criteria set for the receipt of services were difficult to achieve. However, examples of good practice were identified and team models recognised as 'good' would be replicated where appropriate. The assessment highlighted that improvement was needed around the transition from Children's to Adult services and that, ideally, work on the transition process should start earlier. These services are due to be included in an upcoming review.
- l) The Committee asked where the priorities should be moving forward to best support the effective delivery of Adult Social Care. It was set out that a focus on service redesign would be beneficial as part of the ongoing transformation process, as would ideas around engaging partners and service users in the effective co-design and delivery of services.
- m) The Chair thanked the Portfolio Holder and officers for attending the meeting to present the report and answer the Committee's questions. The Chair and the Portfolio Holder also thanked the outgoing Director of Adult Social Care for her hard work and dedication to the role during her time at the City Council and wished her well in her upcoming position at a new Local Authority.

Resolved:

- 1) To request that the development and implementation of the Adult Social Care Transformation Single Integrated Plan 2024-28 is brought to a future meeting of the Committee.**
- 2) To recommend that full consideration is given to how the work with partners across the system can be developed and expanded to ensure that 'every contact counts' for the delivery of social care support to vulnerable adults at the community level.**

41 Work Programme

The Chair presented the Committee's current Work Programme. The following points were discussed:

- a) The Committee is scheduled to consider access to both NHS dental services and to mental health crisis support services at its next meeting.

The Committee noted the Work Programme.

**Health and Adult Social Care Scrutiny Committee
14 March 2024**

Access to NHS Dental Services

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To consider the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB's) approaches to improving access to dentistry as part of its new remit for the commissioning of local NHS dental services, and how this connects with the Council's Public Health activity in seeking to prevent poor oral health, improve health and wellbeing outcomes and reduce health inequalities.

2 Action required

- 2.1 The Committee is asked:

- 1) to make any comments or recommendations in response to the report on access to NHS dental services and the activity being undertaken in the context of preventing poor oral health; and
- 2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

- 3.1 The Committee last considered a report on access to NHS dental services at its meeting on 17 November 2022. The report had a particular focus on service recovery planning and provision following the Coronavirus pandemic, including the wider context of the activity being carried out to seek to prevent poor oral public health. The Committee recommended that NHS England:

- 1) ensured that its website contained up-to-date information on dental practices, reviewed pathways for the Community Dental Service to ensure that patients were not 'off-rolled' after a course of treatment had finished, and made a concerted effort to increase recruitment of dental practitioners in the city; and
- 2) worked together with the Council to identify what could be done to progress the fluoridation of Nottingham's water.

- 3.2 The commissioning of all NHS dental services was delegated by NHS England to the local ICBs as of 1 April 2023, including primary care dental services and specialist dental services in primary care (such as Intermediate Minor Oral Surgery and Community Dental Services), as well as dental services provided by hospitals.

- 3.3 The ICB has recognised that there are significant challenges both locally and nationally in accessing NHS dental services, with a lack of registration of new NHS dentists and many dentists not taking on NHS patients. The level of provision of NHS dental services has recovered since the Coronavirus pandemic. However, it is estimated that around 631,000 appointments have been lost across the Midlands in primary care dentistry since March 2020 and a backlog of needed dental work still remains. Access for children and young people had been particularly badly affected and specific work is underway to address this.
- 3.4 To ensure the development of commissioning plans that support the needs of the local population, an Oral Health Needs Assessment for Nottinghamshire is being produced. This will be completed by end of March 2024 and be used to inform future commissioning and procurement plans going forward. An Equality, Health Impact Inequality and Risk Assessment will be undertaken as part of the planning process to assess the potential impacts going forward, particularly on the most vulnerable people and communities.
- 3.5 Additionally, the Council's Public Health team (in partnership with local stakeholders) has developed a package of interventions focused on preventing people from experiencing poor oral health. In keeping with the philosophy of the Council's Joint Health and Wellbeing Strategy, the approach does not focus solely on seeking to changing individual behaviours, but also considers possible interventions at the community and population level.
- 3.6 A report from the ICB on the current access to NHS dental services is attached, in addition to information from the Council's Public Health team on the activity being carried out to protect and improve the oral health of city residents.

4 List of attached information

- 4.1 Report: Access to NHS Dental Services
Appendix 1: Oral Public Health

5 Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 Report to, and Minutes of, the Health and Adult Social Care Scrutiny meeting held on [17 November 2022](#)

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Adrian Mann, Scrutiny and Audit Support Officer
adrian.mann@nottinghamcity.gov.uk

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Nottingham City Council Health and Adult Social Care Scrutiny Committee

Access to NHS Dental Services

14 March 2024

1 Background and information

- 1.1 The Nottingham City Health Overview and Scrutiny Committee (HOSC) received a report for the meeting held on 17th November 2022. The report provided information on access to NHS Dental Services with a particular focus on provision and service recovery plans as services emerged from the COVID-19 pandemic, including a wider context of oral health prevention and the transition of NHS England Commissioning services to NHS Nottingham and Nottinghamshire Integrated Care Board on 1 April 2023. The report also included oral health improvement initiatives and activities, which is the statutory responsibility of Nottingham City Council's Public Health Team.
- 1.2 The Nottingham City HOSC requested a further briefing update to provide:
 - An update on current NHS dental access position
 - How specific communities access dentistry such as Looked After Children and Community Dental Services
- 1.3 Further to the last update in November 2022, the commissioning of all NHS dental services was fully delegated to Nottingham and Nottinghamshire Integrated Care Board (ICB) on the 1st April 2023.
- 1.4 A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the Dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the 5 ICBs in the East Midlands) are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.
- 1.5 The Nottingham and Nottinghamshire ICB recognises the importance of understanding the need of the local population. To enable robust commissioning plans to be developed, Dental Public Health Consultants are developing the Oral Health Needs Assessment for Nottinghamshire. This will be completed by end of March 2024 and will inform future commissioning and procurement plans going forward.
- 1.6 An Equality, Health Impact Inequality and Risk Assessment will be undertaken to consider the impact on the population including the protected characteristics, as part of commissioning and procurement plans.

- 1.7 Nottingham City Public Health Team will be providing a separate briefing note to the Committee on the local oral health work that the Local Authority is undertaking.
- 1.8 NHS England have advised that planning guidance for 2024-25 will be published in the new calendar year to support ICBs develop their annual plan. It has been confirmed the published 2023-24 priorities and recovery plans on urgent and emergency care, primary care access, elective and cancer care will not fundamentally change for 2024-25. The planning priorities, process, timeline, and performance expectations will be published separately. Whilst waiting for the publication of the planning guidance, the ICB has commenced considerations to develop the proposed annual plan for 2024-25. It is anticipated that Nottingham and Nottinghamshire ICB will provide an update to the Nottingham City Health Overview and Scrutiny Committee on the 2024-25 annual plan, commissioning intentions and mitigations on identified risks in the new financial year.
- 1.9 On 7 February 2024, the NHS and Department of Health and Social Care (DHSC) published [a joint plan](#) to recover and reform access to NHS dental care. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

2 National NHS dental contract

- 2.1 Nottingham and Nottinghamshire ICB is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for Nottingham and Nottinghamshire ICB.
- 2.2 Although Nottingham and Nottinghamshire ICB is responsible for commissioning all NHS general dental services, there are limitations arising from the current national contract which impacts on the level of local flexibility which can be applied.
- 2.3 Challenges with access to NHS dental services are fully recognised, with dental access being a key priority for all Integrated Care Boards. The lack of new registrations to NHS dentists is a common challenge across all Regions, with the most critical issue being gaining access to NHS Dentistry. We are aware that people are reporting that no dentists are taking on NHS patients.

Challenges include:

Nationally and Nottingham and Nottinghamshire ICB:

- Challenges for NHS Dentistry existed prior to the pandemic.
- Workforce/Recruitment of Dentists and wider clinical dental team.
- Access issues.
- Profession discontent with current national contract.

- 2.4 NHS Dental Practices are independent contractors who are having to adjust their work balance to remain viable and thus moving towards more private provision (please see section 3.4 for further information on private dentistry).
- 2.5 Dental practices are responsible for patients who are undergoing dental treatment under their care. All completed courses of treatment within the same treatment band have a 12-month guarantee. This means that repairs and replacements can be replaced within the 12 months as long as it falls within the same band of treatment or lower. Should further treatment be required, this must take place within two months of when the course of treatment was completed. After the two months, the practice has no on-going responsibility as the patient would not be deemed to be undergoing current dental treatment under their care.
- 2.6 It is common that people associate themselves with a specific dental practice and are seen as “regular” patients of a dental practice. 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 General Medical Practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.
- 2.7 Prior to the pandemic, patients would often make their ‘dental check-up appointments’ at their ‘usual or regular dental practice’. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:
- urgent dental care
 - vulnerable patients (including children)
 - those at higher risk of oral health issues

For many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments to all those seeking access.

3 NHS Dental Services across Nottingham City

3.1 NHS Dental Access - Overall

- 3.1.1 Restoration and recovery of NHS dental services since the COVID-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity is widely recognised.
- 3.1.2 The tables on the next page shows the latest dental access data from NHS Business Services Authority (July – December 2022) and latest population data from ONS (mid-year 2021) within Nottingham City.

Nottingham City Access Data (July to December 2022) – BSA data

Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate	Comparison to National Average
All	71,148	323,627	21.98%	Lower than national average of 23.97%
Adults	47,681	257,652	18.51%	Lower than national average of 20.75%
0-17	23,488	65,975	35.60%	Lower than national average of 35.84%

Nottingham City Population Data (mid-year 2021)(ONS mid-year 2021 data)

Group	Access Rate Jul-Dec 2019	Current Access Rate
All	26.36%	21.98%
Adults	23.05%	18.51%
0-17	39.05%	35.60%

3.1.3 Figure 1 chart on the next page shows a snapshot of the monthly contract delivery since the pandemic (April 2021) in comparison to the data shared at the previous Nottingham City HOSC meeting in November 2022 with the latest monthly activity up to January 2024. The graph indicates dental activity as follows:

Date	Nottingham and Nottinghamshire ICB (%)	Regional Position (%)	England Total Position (%)
April 2021	56.4	59.1	56.5
November 2022	86.1	95.2	93
January 2024	80.1	89.2	89.6

It is to note that there have been 2 contract terminations within Nottingham City since November 2022.

- Eastwood – general dental services

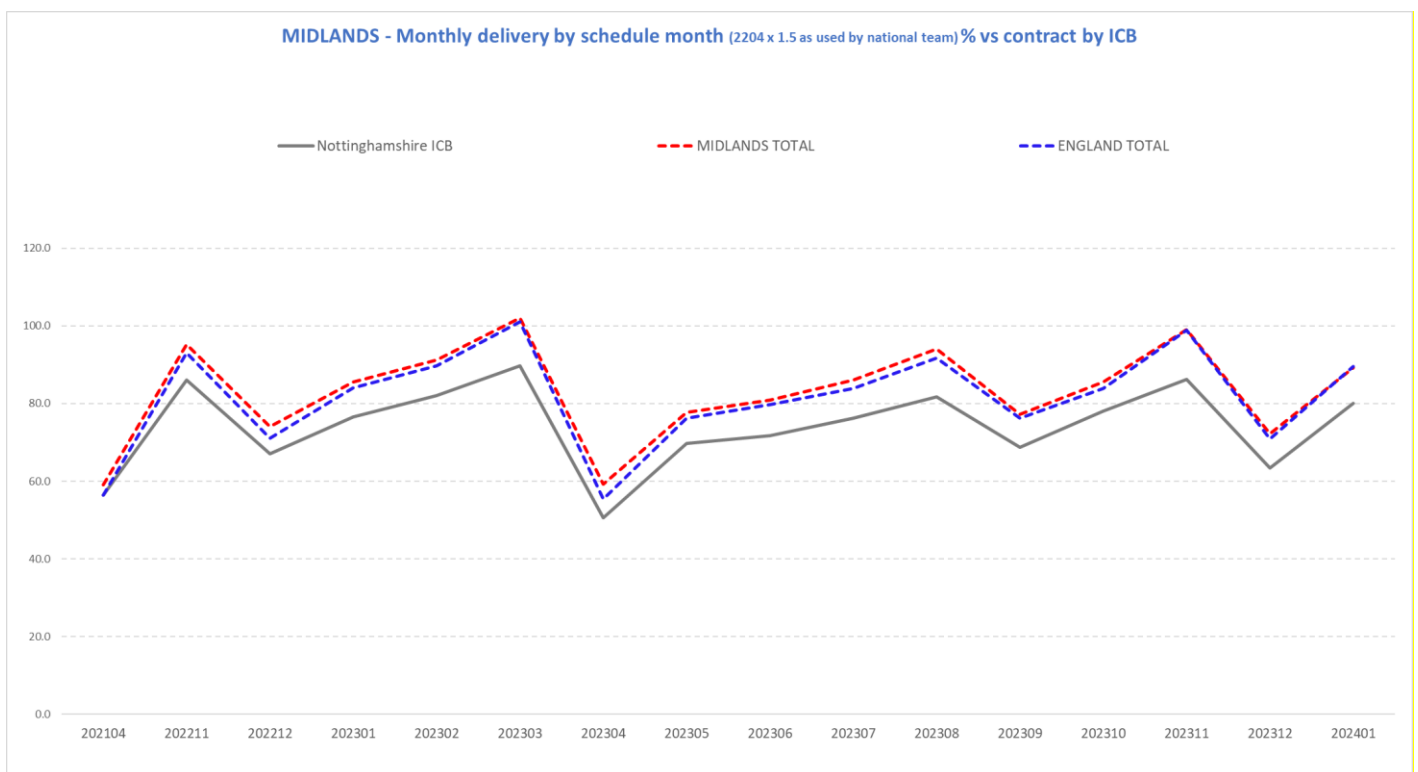
The dental activity from the terminated contract is reinvested back within the surrounding area via a dispersal exercise to maintain NHS dental access.

As part of the dental activity dispersal process, the NHS dental practice that is handing back their NHS activity must agree a communication letter for their patients with Nottingham and Nottinghamshire ICB. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere.

- Nottingham - domiciliary provider across Nottingham and Nottinghamshire ICB.

The domiciliary dental care service provides dental care to individuals who are confined to their place of residence and are unable to visit a dental practice. The ICB have commissioned a new interim provider for domiciliary services which went live on Friday 1 December 2023. This initiative is part of Nottingham and Nottinghamshire ICBs commitment to enhance healthcare accessibility in our community, focusing on providing both urgent and routine care for our vulnerable patients.

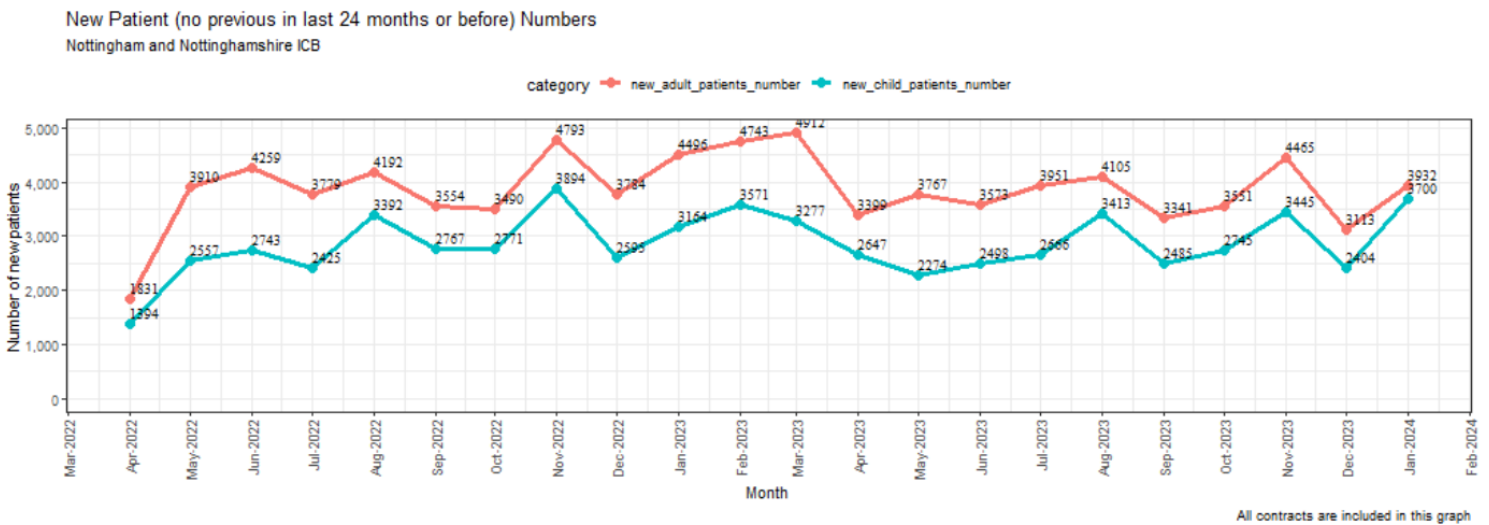
Figure 1 – snapshot of monthly contract delivery since the pandemic April 2021 in comparison to November 2022 to January 2024.



3.1.4 As of January 2024, it is estimated that around 631,000 appointments have been lost across the Midlands in primary care dentistry since March 2020 (start of the pandemic). It is to note that this data is currently not available at a lower level. . The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support COVID-19 activities.

3.1.5 Figure 2 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to December 2023 for adults and children in Nottingham and Nottinghamshire ICB (data currently not available at a lower level).

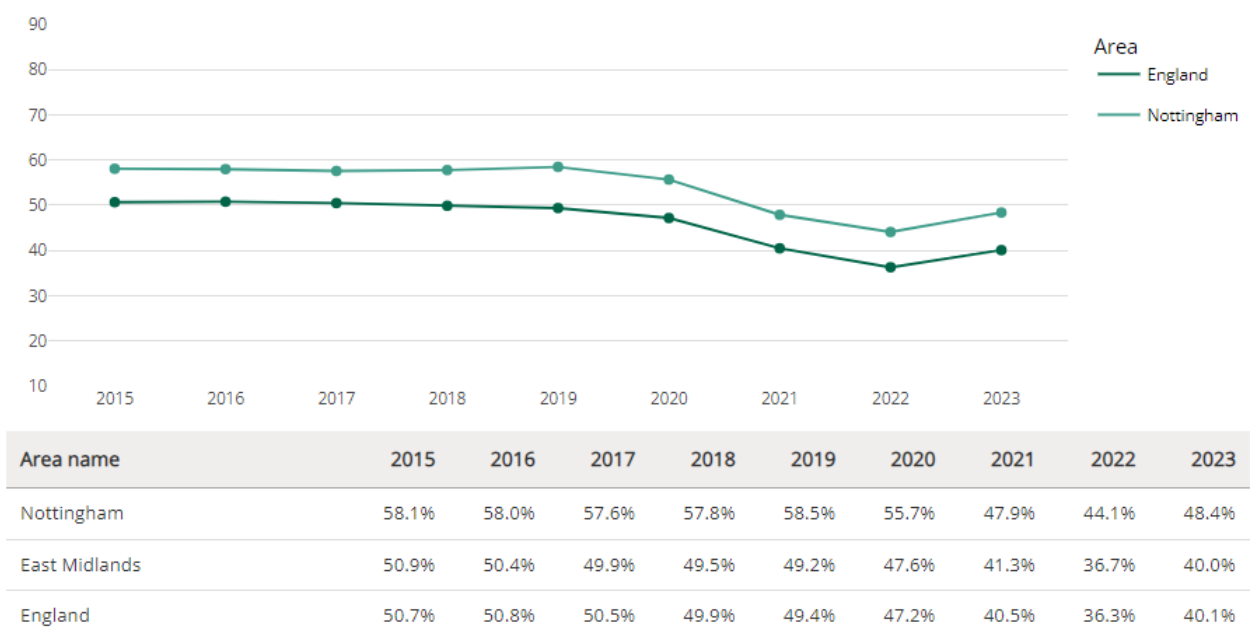
Figure 2 – Number of new patients seen (April 2022 – January 2024)



3.1.6 Figure 3 below shows the percentage of adults seen by a dentist pre and post pandemic (2015 – 2023) in Nottingham City. The table and chart show data as of June of each year.

It is to note that the data is published a quarter ahead of activity data to coincide with [NICE guidelines](#) on intervals between oral health reviews.

Figure 3 - Percentage of adults seen by a dentist pre and post pandemic (2015-2023) in Nottingham City

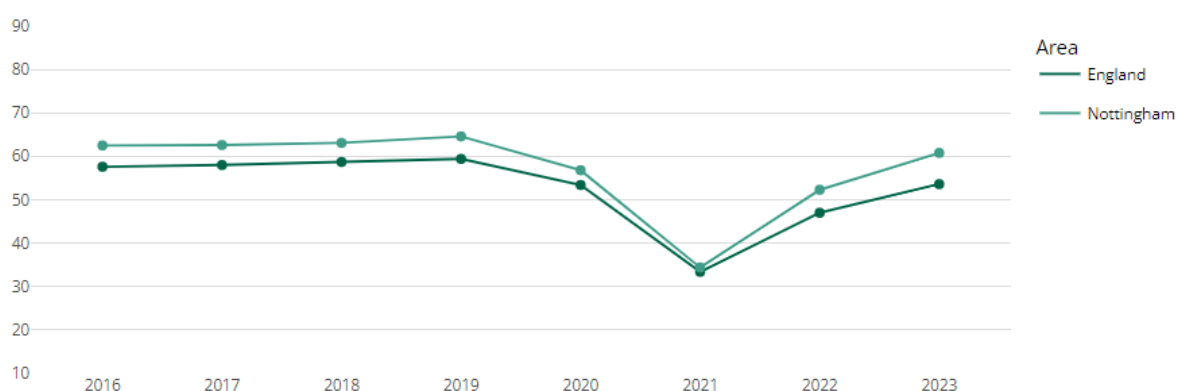


3.2 NHS Dental Access - Children and Young People

3.2.1 It became apparent early in the COVID-19 pandemic that NHS dental access for children and young people had been particularly badly affected. This was both due to dental practices focusing on urgent dental care and on parents being hesitant (or reluctant) to take children to medical and dental appointments – this pattern was consistent across other services too.

3.2.2 Figure 4 below shows the percentage of children and young people seen by a dentist pre and post pandemic (2015-2023) in Nottingham City. The table and chart show data as of June each year. It is to note that the data is published a quarter ahead of activity data to coincide with [NICE guidelines](#) on intervals between oral health reviews.

Figure 4 - Percentage of children and young people seen by a dentist pre and post pandemic (2015-2023) in Nottingham City



Area name	2016	2017	2018	2019	2020	2021	2022	2023
Nottingham	62.5%	62.6%	63.1%	64.6%	56.8%	34.4%	52.3%	60.8%
East Midlands	58.4%	58.4%	59.0%	60.1%	55.4%	33.8%	47.9%	54.0%
England	57.6%	58.0%	58.7%	59.4%	53.4%	33.4%	47.0%	53.6%

3.2.3 Looked After Children / Community Dental Services

The Nottinghamshire Community (Special Care) Dental Service provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider (Community Dental Service (CDS) CIC) treating children and adults from clinics across the Nottinghamshire system: there are 7 dental clinics, with 3 located in Nottingham City. Please visit the [Community Dental Services website](#) which details further information on the service. The acceptance criteria can be viewed on the website link above but is additionally extracted within Appendix I.

The service is commissioned across the Nottinghamshire system footprint and although there are 3 clinics located in Nottingham City, patients do have the choice to attend the alternative clinics in the county.

- 3.2.4 CDS-CIC additionally deliver, promote and support oral health improvement programmes and education services within Nottingham City and Nottinghamshire County via their Oral Health Promotion (OHP) contracts.

The OHP team co-ordinate, facilitate and support a range of evidence-based interventions to reduce oral health inequalities and promote better oral health within the communities. Please refer to Appendix II for further information outlining the work of CDS-CIC's Oral Health Improvement Team.

- 3.2.5 The GA pathway for children and special care adults is managed between CDS-CIC and Nottingham University Hospitals (NUH) which is commissioned on a system area footprint.

- 3.2.6 Prior to the pandemic, the local NHS England Team had been working on encouraging parents to take young children to the dentist early. However, as capacity was restricted this meant that where children's appointment should have been prioritised, it became apparent that this was not entirely possible for very young children to be seen in the way that was originally promoted. Nevertheless, NHS England had been working on a new scheme (CDS support practices) to encourage child friendly practices locally to provide support to the local Community (Special Care) Dental Services to work in a shared care model thus freeing up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment.

- 3.2.7 The CDS support practices access scheme was commissioned in 2021/22 and remains operational to date. Nottingham and Nottinghamshire ICB recognise the challenges in NHS dental access for Looked After Children (LAC). Conversations are underway with LAC Designated Nurses to explore how a LAC pathway can be integrated into this initiative thus supporting access for these vulnerable cohort of patients.

3.3 Secondary Care: Referral to Treat (RTT) and Referrals

- 3.3.1 The table below shows the latest position of Oral Surgery in November 2023 for Nottingham City and the overall RTT position for the Nottingham and Nottinghamshire ICB.

- 3.3.2 The updated November 2023 RTT position for Oral Surgery (in respect of the East Midlands) shows performance against the 18-week standard remains between 45-50%. The performance within Nottingham City is at an average of 44%.

3.3.3 52 week waits (November 2023)

Across East Midlands the number of 52-week waiters has increased from 1,227 to 1,399 patients. The data for Nottingham City is at 110 patients.

The proportion of the total waiting list across East Midlands that has been waiting 52 weeks is at 7%. The data for Nottingham City is at 4%.

3.3.4 65 and 78 week waits (November 2023)

There are 376 patients waiting over 65 weeks, and 26 patients waiting over 78 weeks, up from 270 and 11 respectively across East Midlands. The number of patients reflective within Nottingham City are 27 patients over 65 weeks (decrease of 24 patients) and 4 patients waiting over 78 weeks (decrease of 2 patients).

Over 65-weeks wait (November 2023) have been built into the Trusts Pricing Activity Matrix for 2023/24 to ensure sufficient activity to support meeting the target to eliminate over 65 and over 78 week waits by 31 March 2024.

Oral Surgery RTT Data November 2023	% waiting at month end			Over 52 weeks	18+ week backlog	Total Waiting List	% of waiting list that is 52-week waiters	Over 104 weeks	Over 78 weeks	Over 65 weeks
	Sep-23	Oct-23	Nov-23							
Provider				Nov-23	Nov-23	Nov-23	Nov-23	Nov-23	Nov-23	Nov-23
Nottingham University Hospitals	44.9%	44.9%	42.3%	110	1,697	2,940	4%	0	4	27
East Midlands Oral Surgery Total	45.3%	46.1%	47.9%	1,399	11,138	21,374	7%	0	26	376
* Trust have provided own data, not submitted Nationally/may not be accurate										

3.4 Private Dentistry

3.4.1 Private dental services are not within the scope of responsibility for Nottingham and Nottinghamshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

3.4.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

3.4.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

3.4.4 There have been anecdotal reports of some practices reluctance across Nottingham and Nottinghamshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. Nottingham and Nottinghamshire ICB do not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email nnicb-nn.patientexperience@nhs.net or telephone 0115 8839570.

3.5 NHS Dental Services Recovery Initiatives

3.5.1 As shared in the previous Nottingham City HOSC November 2022 report; a number of access initiatives (including patient facing) have been undertaken for 2021/22 and 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB (extract available under Appendix III).

3.5.2 Access initiatives continued into 2023/24 from 2022/23 are:

- IMOS Waiting List initiative
 - to support lengthy waiting times that have been exacerbated due to the COVID-19 pandemic. This enables patients to be seen within 6 weeks of referral into the specialist service. As of November 2023, there were 633 patients accepted onto the IMOS pathway by the Nottinghamshire system providers and 162 (26%) had been waiting over 6 weeks to access treatment. The Nottinghamshire system has the lowest IMOS waiting lists across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Nottingham City residents is unfortunately not available.
- Support Practices – Community Dental Services
 - To relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices, thus freeing up the specially trained staff in the CDS so that they can focus on using the skills to deal with the most complex cases and increase access for children. One provider from Nottingham City expressed an interest; unfortunately, they did not commit.
 - Discussions continue within the Commissioning Team to review how this service can be expanded to include Looked After Children.
- Vulnerable people and SMD groups
 - Delivery of dental treatment and care specifically to individuals who are vulnerable due to multiple deprivation and/or homeless via a mobile dental unit. The service commenced on 1st July 2023. During the period 13th September to 2nd November, 13 sessions have been delivered and 21 people were seen within Nottingham and Nottinghamshire ICB.
 - Discussions continue within the Commissioning Team to review how this service can be expanded to include Women in refuges and children.
- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
 - Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Five practices across the Nottinghamshire system are taking part and providing extra

appointments. Two practices are within Nottingham City offering 14 additional urgent care appointments per week.

- 3.5.3 Commissioning objectives, priorities, and investment plan for the financial year 2023/24 was shared with all 5 East Midlands ICBs with governance approval granted in August 2023. The recommendations within the investment plan contained patient facing initiatives to improve dental access for all patients including vulnerable groups. Access initiatives include some of the investment schemes detailed within the previous paper plus some new investment schemes (extract from previous paper available under Appendix II).
- 3.5.4 To manage the current challenging financial position, Nottingham and Nottinghamshire ICB are committed to continuing with 2023/24 investment schemes that have already commenced to support with improving access to NHS dental services. In addition, any availability of underspend funding will be reviewed for commissioning of additional NHS dental activity.

3.6 Health Inequalities / Prevention – Water fluoridation

- 3.6.1 Children living in the more deprived local authority of Nottingham City experience a higher prevalence of dental decay (34.2%) when compared with regional local authorities and the national picture (England prevalence 23.7%).
- 3.6.2 National data shows there are inequalities in the prevalence of dental decay experience by ethnic group. Child dental decay experience is higher in the Other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%).
- 3.6.3 Nottingham City has a higher prevalence of homeless and Severe and Multiple Disadvantage (SMD) population when compared with the England average.
- 3.6.4 Nottingham City appears in the top 10 local authorities (8) for homelessness and SMD in the country.
- 3.6.5 Nottingham City has the **highest** rates of homelessness in the country (Shelter, 2021).
- 3.6.6 Inclusion health groups are also likely to experience greater levels of oral cancer with poorer survival due to delayed presentation. Oral cancer five-year survival rates can improve from 50% to 80% with early diagnosis. Dental access (with opportunistic mouth screening by GPs) can improve oral cancer survival rates. Nottingham has the second highest rates and mortality of oral cancer in the East Midlands.
- 3.6.7 Child dental decay is highly polarised with the disease largely concentrated in those living in the most deprived areas. Although tooth decay is not wholly explained by deprivation.

- One in four children experience dental decay (23.6%) (OHID, 2022)
- Children living in the more deprived areas such as Nottingham City are three times more likely to be affected than those in the more affluent areas in the East Midlands.
- There are also inequalities in the prevalence of decay experience by ethnic group. Child dental decay experience is significantly higher in the Other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%) (National data).
- Children living in the more deprived areas are nearly 3 ½ times more likely to have their decayed teeth extracted under a general anaesthetic (National data).

3.6.8 Factors affecting dental decay include a high sugar diet and access to fluoride

Healthcare services can influence dental decay by:

- application of fluoride varnish twice a year in all children, and four times a year for vulnerable children. This can reduce dental caries substantially - by up 43% in permanent teeth and 36% in primary teeth ([Delivering Better Oral Health](#)).
- Treatment of dental decay, thereby reducing hospital extractions.
- Prevention and early intervention can influence CORE20PLUS5 Children and Young Persons (CYP) oral health (waiting lists for child dental extractions under GA).
- Prevention and early intervention can also influence CORE20PLUS CYP mental health due stigma and bullying caused by decayed front teeth.

3.6.9 Oral cancer risk factors include tobacco (smoked and smokeless) and alcohol use and the human papilloma virus (HPV) (types 16 and 18)

Healthcare services can improve oral cancer incidence and outcomes by:

- Providing opportunistic cancer screening, MECC for oral health preventative advice and subsequent fast tract referral.
- Early diagnosis; can improve 5-year-survival from 50% to 80%.
- Improve uptake for HPV vaccines.

3.6.10 Water fluoridation schemes involve increasing the level of fluoride to community drinking water supplies in areas of low natural fluoride, increasing the level to that known to reduce tooth decay.

3.6.11 The findings of the 2014, 2018 and 2022 health monitoring reports are consistent with the view that water fluoridation is an effective and safe public health measure to reduce the prevalence and severity of dental caries and reduce dental health inequalities.

- 3.6.12 The Office for Health Improvement and Disparities compares data on the health of people living in areas of England with varying concentrations of fluoride in their drinking water supply, every 4 years. Along with global studies it confirms that water fluoridation is an effective, safe public health measure that is associated with lower levels of tooth decay amongst 5-year-olds; fewer teeth extractions due to decay; and a reduced tooth decay in adults. It supports previous findings that these benefits are greatest in the most deprived areas, thereby contributing to reducing dental health inequalities.
- 3.6.13 Secretary of State took the decision in January 2020 to centralise water fluoridation functions through the Health and Care Bill which received Royal Assent on 28th April 2022. This will be the first-time central Government has had responsibility for bringing forward new schemes.
- 3.6.14 The Act removes all Local Authority responsibilities for water fluoridation, maintains a duty to consult, and transfers funding responsibilities (for operational costs) to central Government (capital costs remain central Government responsibility). The first public consultation on fluoridation is expected in north east England in 2024.

3.7 Commissioning and Procurement Plans

3.7.1 National Dental Contract Reform

The [National dental contract reform](#) changes announced in July 2022 has provided an initial start to the shift in the emphasis of financial rewards and the re-orientation of clinical activity to those patient who need it most, whilst increasing access to NHS dental care.

- 3.7.2 Where changes from the National dental contract reform have made some impact, it is recognised that there is still more work to do. This includes [further change](#) to boost dental workforce and increased access to NHS dentistry which is currently on-going with the Government.
- 3.7.3 A [framework](#) was published on 9th October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provided an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.
- 3.7.4 Nottingham and Nottinghamshire ICB are currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review of this framework will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Winter 2024.

- 3.7.5 A strategic review of dental access is underway for 2023/24 and the East Midlands Primary Care team have access to a new mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling issues identified. This review will additionally include collaborative working with our Consultants in Dental Public Health.
- 3.7.6 This review will also incorporate the findings from a Rapid Oral Health Needs assessment which is currently being developed in conjunction with the Dental Public Health consultant and Local Dental Network (LDN) chair to understand the impact post the pandemic.
- 3.7.7 The review recommendations are expected late March 2024 and will inform the general dental services procurement programme and commissioning requirements for Nottingham and Nottinghamshire ICB. The East Midlands Primary Care Team are working collaboratively with all ICBs within East Midlands to develop a procurement plan for early 2024/25 financial year to support the difficulties in accessing NHS dentistry.
- 3.7.8 As part of the NHS England Workforce, Training and Education (WTE), the School of Dentistry is currently working on different strategies to improve workforce recruitment, retention, training and development. This includes expanding training numbers within the East Midlands, increasing numbers of international dental graduates, expansion of specialist training posts and workforce development. Please see Appendix IV for further information.
- 3.7.9 Procurement of public sector services are due to change in 2024. The [Provider Selection Regime \(PSR\)](#) regulations will come into force on 1 January 2024. This means that NHS services will be decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach.
- 3.7.10 The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.
- 3.7.11 On 7th February, the NHS and Department of Health and Social Care (DHSC) published [a joint plan](#) to recover and reform access to NHS dental care. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

Supported by £200m of new government investment, the plan sets out how the workforce will grow, including providing targeted funding for dentists to work in areas that have historically struggled to recruit and retain staff, raising the minimum Unit of Dental Activity value to £28 to help make NHS work more attractive to dental teams, and offering dental practices a new patient premium payment to treat patients who have not been seen for over two years.

This builds on the work as part of the [NHS Long Term Workforce Plan](#), where the NHS investing in training, support, and contract reform to attract more

talented professionals to join the dental team. Action on this front includes increasing dental undergraduate training places to a record-breaking level and expanding dental therapy and dental hygiene undergraduate training places by up to 40%.

4 Supporting Information

- Appendix I
Extract of Nottinghamshire Community Dental Services Acceptance Criteria
- Appendix II
Further information outlining the work of CDS-CIC's Oral Health Improvement Team
- Appendix III
Extract from previous Nottingham City HOSC report (November 2022): Access initiatives (including patient facing) undertaken for 2021/22 and 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB.
- Appendix IV
NHS England Workforce, Training and Education – Workforce

5 Contact Points

Adrian Mann, Scrutiny and Audit Support Officer
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Nottingham and Nottinghamshire ICB
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Appendix I:

Extract of Nottinghamshire Community Dental Services Acceptance Criteria



Referrals to Nottinghamshire Community Dental Services

We are pleased to receive referrals from:

Hospital Doctors	General Dental Practitioners (GDP)
Specialist Nurses	General Medical Practitioners
Care Homes	Community Learning Disability Teams
Health Visitors	Community Mental Health Teams
Social Care Teams	Practice Nurses
School Nurses	

Referrals will only be accepted for Patients living within Nottinghamshire (excluding Bassetlaw) who meet the acceptance criteria

Referrals must be made on grounds of clinical need, NOT for example:

- Patient / Parent's request
- If requirement for wheelchair access, or an interpreter, is the sole reason for referral.

Referrals can be made regarding any of the following client groups whose needs significantly affect the provision of dental care and who cannot be treated in General Dental Practice. This may mean that clients move in and out of eligibility (and as such would be shared care cases) or are only eligible once they reach a certain stage in the progress of their condition.

Acceptance Criteria

Client Group	Details
Children with complex dental anomalies including complex dental trauma	Severe molar incisal hypomineralisation, suspected amelogenesis or dentinogenesis imperfecta, hypodontia, cleft lip and palate causing long-term sequelae. Trauma to teeth involving avulsion / luxation / pulpal involvement
Adult/Child with complex medical conditions	For example: Multiple Sclerosis, Motor Neurone Disease, Parkinson's, Blood Dyscrasia, Autistic Spectrum Disorder Patients due to start haematological oncology treatment
Adult/Child Moderate to Severe learning disabilities	Significantly affecting ability to attend appointments and to co-operate. Would need at least one designated carer / family member to accompany to appointments Needing additional communication skills such as Makaton – specific holding skills and adjuncts to achieve dental treatment.
Adult/Child Mental Health (under mental health team or with moderate to severe dementia)	Must significantly affect provision of dental care. Patients will be under the current care of a registered mental health care practitioner.
Adult Unable to Leave Home	For example, patient is confined to bed, on home oxygen, or for whom leaving the home would be too distressing- eg very advanced dementia or severe agoraphobia. Patients who can transfer to a wheelchair using a rotunda / hoist would preferably be seen in clinic- using EMAS transport if required.
Child Behavioural/Anxiety (single course of treatment)	Single course of treatment only Up to the age of 16 yrs: <ul style="list-style-type: none"> Referrals will be accepted for a single course of treatment for those who require treatment but are unable to cope with local anaesthetic alone and who fall into the following groups: pre-school



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	<p>children AND children with behavioural issues, moderate anxiety or phobia</p> <ul style="list-style-type: none"> • LA must have been considered. • Details of treatment already attempted must be included in the referral. • All patients will be assessed, and care will be offered in the way considered most appropriate; this may be behaviour management, inhalation sedation or general anaesthesia. • Following specific treatment, the patient will be returned to the referring GDP or supported to find a GDP for routine care including provision of dentures if needed. We will not accept these patients for regular care in the service. • General anaesthetic is not offered for orthodontic extractions
Adults with severe dental phobia or dental anxiety	All patients will be triaged to assess their eligibility to access care within CDS-CIC.
Children involved with children's services e.g. looked after children	Whilst the children are in care and until we can support them to find a family dentist. Please provide details of their social care team / specific worker
Other vulnerable groups e.g. substance misuse/homeless	Cases will be assessed on an individual basis and we will place services where these patients can access us directly
Adult/Child with moderate/severe physical and/or communication impairment	Would require a hoist / rotunda for transfer Use a personal moulded wheelchair Require a specific carer to help them to communicate
Severely obese with complex co-morbidities	Please include weight, height and details of compounding factors
<p>Severe frailty (scoring 8 or 9 on the Clinical Frailty Scale)</p> <p>https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-risk-identification/</p>	<p>8 : Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p>9: Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p>

Referral / Patient Journey

1. Referral Received	
2. Referral Assessed by Clinician	
If fits criteria patient will be sent an invite for assessment	Referral doesn't fit criteria- referrer notified
If the patient doesn't respond to the invite within 3 weeks the referrer will be notified and a subsequent referral will be required should care still be needed	
3. Assessment visit	
Assessments are carried out in local clinics. However, some services are only available at specific locations and patients will need to travel to access this	If the patient is deemed manageable within General Dental Practice (i.e. not requiring our specialist services) they will be returned with appropriate advice and/or a treatment plan. Patients without a dentist will be advised how to access care.
4. Treatment	
If patients are accepted for treatment, it is on the understanding (of the patient and/or parent/carer and the referring dentist) that a single item of treatment or a complete course of treatment will be undertaken and then the patient will be discharged back to their referring GDP for review and continuing care.	
For some patients, at the discretion of CDS-CIC, it may be appropriate for continuing care to be provided within CDS-CIC because of the patient's additional needs.	
It is recognised that patients' needs do change with time, and the appropriateness of their care within CDS-CIC will be reviewed. Patients may be discharged after receiving care from CDS-CIC for a period of time if their ongoing dental needs can be provided by a GDP.	
A shared care model may also be adopted whereby routine examination, oral health assessment and preventative care is provided by a GDP whilst clinical interventions are provided by CDS-CIC.	
5. Patients that fail to attend/ are not brought to appointments	
Patients who fail to attend their initial assessment appointment will not normally be offered a further appointment. The referrer will be informed that they have not attended and be asked to re-refer them if they still require treatment. Subsequent to the initial assessment, patients will be discharged following either two missed appointments or two short notice cancellations. Such patients will not be offered further appointments without re-referral and reassessment against the acceptance criteria. Safeguarding concerns will be managed in accordance with CDS-CIC policies	



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Accessibility

If a patient cannot manage stairs at an existing GDP practice, and does not have any other special needs requiring specialist care, the patient should be directed to call NHS England's Customer Contact Centre on 0300 311 2233 or visit the NHS England website (www.england.nhs.uk/contact-us/) to find a more accessible GDP.

Referrals should be made as follows:

All General Dental Practitioners must refer via REGO

Paper referrals will be accepted from non-dental referrers if they do not have access to REGO.

Please send to:

Dental Referrals Administrator
Dental Department
Park House Health and Social Care Centre
61 Burton Road
Carlton
Nottingham
NG4 3DQ

If you are unsure if a patient is a suitable candidate for referral to the Community Dental Service or would like some advice on a particular issue, please ring the office on 0333 207 9956 and one of our senior clinicians will contact you to discuss the case.

NHS Dental Patient Charges when referred from a GDP

Referrals for courses of treatment that include IV sedation, GA, inhalation sedation and domiciliaries are defined as 'additional service contracts'. In this case, all treatment is carried out as two separate courses of treatment.

The referring dentist carries out the work they are doing e.g. exam, completes the course of treatment at that point and only charges the patient for what they have done. They will receive the appropriate number of UDA's for the work they have carried out.

As the second dentist carrying out treatment under 'additional services', we would then charge the patient separately for the treatment we carry out and receive the appropriate number of UDA's for this work.



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See NHS BSA Dental Division home page, click on 'Ask Us', type in 'additional services' in the search criteria box and then click on 'Additional services referral-what is this and how do I claim for it?', or the web address is as follows:

<https://nhsuk.eptichosting.com/selfnhsukokb/template.do?name=Additional+services+referral+-+what+is+this+and+how+do+I+claim+for+it%3F&id=16363>

Appendix II:

Community Dental Services CiC provide a referral only dental service in Nottingham City and Nottinghamshire County to give access to dental care to people who cannot be treated in general dental practice. Patients referred typically have learning disabilities, mental health issues or severe anxiety.

CDS-CIC receive the majority of referrals from General dental practitioners (GDPs), but have noticed an upward trend in the numbers of referrals received from school nurses, hospital consultants, health visitors and support workers. CDS-CIC are also beginning to see more referrals from Level 3 care workers and care home staff, and a large increase from GPs. This increase in non-GDP referrals is likely because patients are struggling to access an NHS dentist so are seeking help from medical professionals and other health care professionals who can refer into the service.

CDS-CIC have 6 dental clinics located around Nottingham City and Nottinghamshire County:

- Mary Potter Health Centre (Hyson Green)
- Clifton Cornerstone (Clifton)
- Meadows Health Centre (Meadows area)
- Mansfield Community Hospital (Mansfield)
- Parkhouse Health and Social Care Centre (Carlton)
- Newark Health Centre (Newark)

CDS-CIC also provide general anaesthetic services for their patients at the Queens Medical Centre.

For the patients seen and treated within the service, CDS-CIC follow the advice in [Delivering Better Oral Health \(Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK \(www.gov.uk\)\)](https://www.gov.uk/government/publications/delivering-better-oral-health), and have oral health prevention information that is given to their patients and carers, verbally and via leaflets.

CDS-CIC also deliver, promote and support oral health improvement programmes and education services within Nottingham city and Nottinghamshire County via Oral Health Promotion (OHP) contracts.

The OHP team co-ordinate, facilitate and support a range of evidence-based interventions to reduce oral health inequalities and promote better oral health within the communities.

The following information outlines the work CDS-CIC's Oral Health Improvement Team have been undertaking around prevention and education. It covers delivery between October and December 2023 under the Nottinghamshire County contract. The team are currently working on these same programmes for Nottingham City (contract commenced 15th January 2024).

Training of child related services frontline staff.

The training is delivered using a blended approach. Offering online webinars, a toolkit as well as face to face sessions. The training is for professionals and volunteers working or caring for children including but not restricted to teachers,

childminders, nurseries, nursing teams, healthy teams, foster carers, and midwives. The aim of the training is to increase the participants knowledge, skills, and confidence in delivering oral health advice and care to those they work with and support. The training covers key messages from delivering better oral health toolkit aimed at those 0-11 years old. As well as key messages the training also offers ideas, activities, and resources to be used within the settings.

Training of frontline staff who care for the elderly or vulnerable adults.

The training is delivered using a blended approach. Offering online webinars, a toolkit as well as face to face sessions. The aim of the training is to increase the participants knowledge, skills, and confidence in delivering oral health advice and care to those they work with and support. The training covers key messages from delivering better oral health toolkit aimed at the elderly and vulnerable adults with additional needs. As part of this target group the team also delivers further information on palliative care and to those who are homeless and experience alcohol and substance use.

Supervised toothbrushing programme.

CDS-CIC's programme is a preventative toothbrushing programme given in targeted settings and is designed to address oral health inequalities by helping young children develop positive oral health skills. The team train staff on how to implement the programme, gain consent, manage resources, follow cross infection protocol, and ensure staff understand good toothbrushing technique. The setting is funded with all resources and paperwork needed. Quality assurance visits are undertaken by the team biannually.

Lifelong smiles accreditation programme to support care homes to implement NICE and CQC recommendations.

CDS-CIC has developed an accredited programme called 'Lifelong Smiles' (LLS). This is available to care home settings in Nottinghamshire County and now Nottingham City. By agreeing to participate, the care homes would need to meet a set of 6 standards based on the NICE guidelines for oral health in care homes. The team support the home to work towards achieving the standards and monitor good practice. Once all evidence is collected and the standards have been met, the homes will then receive their award certificate to be displayed in the home. If care homes are unable to partake in the accreditation, they can nominate a person who is taking the oral health responsibilities in their setting to attend Oral Health champion training. The team will train the oral health lead with the knowledge and provide/ signpost to the resources needed to fulfil their role.

Delivering oral health resources to health teams to be distrusted at a child's universal health check.

The team provide toothbrushes, toothpaste and literature to healthy teams which are then distributed to children when attending their universal health check.

Campaigns and resources.

The team promote national campaigns using newsletters, leaflets, social media content and posters. These are distributed to all settings to help promote oral health awareness,

Appendix III:

Extract from previous Nottingham City HOSC report (November 2022): Access initiatives (including patient facing) undertaken for 2021/22 and 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB.

2021/2022

- Weekend Sessions – General Dental Services
Across the Nottinghamshire system, 8 NHS general dental practices were contracted to provide 64 additional sessions at a cost of £25,600. Out of the 8 practices, 4 practices are within Nottingham City providing 36 additional weekend sessions.
- Weekday Sessions – General Dental Services
Across the Nottinghamshire system, 5 NHS general dental practices were contracted to provided 100 additional sessions at a cost of £40,000. Out of the 5 practices, no practices offered additional sessions within Nottingham City.
- Additional NHS dental sessions – 8-8/Extended Access NHS Dental Providers
Across the Nottinghamshire system, 1 NHS 8-8/Extended Access dental practice were contracted to provide 144 sessions at a cost of £94,176. This practice is located within Nottingham City.
- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Five practices across the Nottinghamshire system are taking part and providing extra appointments. Two practices are within Nottingham City offering 14 additional urgent care appointments per week.
- Oral health improvement funding for local authorities
£150,000 recurrent for 2 years (21/22 and 22/23) to support oral health improvement initiatives and activities.

£40,000 non-recurrent to support purchase and distribution of toothbrushing packs to food banks and other venues.

£5,000 non-recurrent to support Oral Health Promotion training resources to improve delivery of services.

The above funding was jointly allocated between Nottingham City and Nottinghamshire County Councils. Agreement on the spending of the funding is being discussed and agreed at the Nottingham and Nottinghamshire Oral Health Steering Group to ensure alignment with oral health needs of the area.
- Support Practices - Community Dental Service:
NHS England (NHSE) commissioned a number of dental practices across the Midlands to work collaboratively with local dental providers delivering special care dental services. This pilot was intended to provide additional capacity to

assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental providers in Nottinghamshire system, however NHSE secured additional funding to re-run the pilot for financial year 2022/23 and hoped to encourage uptake from NHS dental providers within the Nottinghamshire system and Nottingham City. NHSE tried to understand the reasons for the lack of interest; this was mainly due to lack of practice capacity.

- Waiting list initiative - Community Dental Service:
Non-recurrent investment of £56,562 was secured for the Nottinghamshire system Community (Special Care) Dentistry provider in reducing the waiting list in 2021/22. The waiting list initiative had been running additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Furthermore, additional dental hand pieces (dental drills) were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Prior commitment of £38,899 was secured for 2022/23 to support the on-going reduction of waiting lists.
- Waiting list initiative – Hospital Dental Care
Trusts are monitored on referral to treatment (RTT) times within 18, 52, 78 and 104 weeks, due to the impact of the pandemic. All Trusts were required to clear any 104 week waits by July 2022 and 78 week waits by March 2023. As at July 2022, there were zero patients waiting over 104 week waits and 16 patients waiting over 78 week waits for Oral and Maxillofacial Surgery at NUH. As this service is commissioned on a system area footprint, data for Nottingham City residents was unfortunately not available. Referrals into secondary care had started to recover, however, these remained lower than previous levels due to the reduction in routine appointments in primary care. There had been a non-recurrent investment of £36,934 to address the 104, 78 and 52 week waits across the secondary care dental specialities e.g. Orthodontics, Oral Surgery and Maxillofacial. Prior commitment of £35,076 was also secured for 2022/23 to continue to support the waiting list initiatives.

2022/23

- Weekend Sessions – General Dental Services
Across the Nottinghamshire system, 2 NHS general dental practices were been contracted to provide 140 additional sessions at a cost of £70,000. Out of the 3 practices, 1 practice is within Nottingham City providing 40 additional weekend sessions.
- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
Additional NHS dental capacity was contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Five practices across the Nottinghamshire system took part providing an extra 39 appointments. Two practices are within Nottingham City who offered 14 additional urgent care appointments per week.
- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS)

Non recurrent investment in 2022/23 was introduced to support IMOS providers in reducing waiting times for patients to be seen within 18 weeks of referral into the specialist service. At August 2022, there were 878 Nottinghamshire patients accepted onto the IMOS pathway and 48 (5%) had been waiting over 18 weeks to be treated. This has been reduced from 221 as at June 2021 when the original waiting list initiative was launched. The Nottinghamshire system has one of the lowest IMOS waiting lists for patients waiting over 18 weeks to be treated across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Nottingham city residents is unfortunately not available.

- Oral health improvement funding for local authorities
As mentioned above, this funding is recurrent for 2 years.
 - £150,000 recurrent for 2 years (21/22 and 22/23) to support oral health improvement initiatives and activities.

The above funding was jointly allocated between Nottingham City and Nottinghamshire County Councils. Agreement on the spending of the funding was discussed and agreed at the Nottingham and Nottinghamshire Oral Health Steering Group to ensure alignment with oral health needs of the area.

- Support Practices - Community Dental Service
NHSE secured additional funding to re-run the pilot for financial year 2022/23, where 3 practices within Nottinghamshire have been approved providing 6 sessions per week. One of the three practices is within Nottingham City who provided 2 sessions per week.
- Golden Hello Scheme
NHSE secured additional funding to assist local NHS dental providers in the recruitment and longer-term retention of dentists in targeted areas where the recruitment of additional dentists is most challenging. The overarching aim of the scheme was to increase the number of dentists in targeted areas and ultimately increase local NHS dental access for patients. Under the terms of the scheme, a lump sum Golden Hello payment of up to £15,000 was available for each eligible new full-time NHS dentist recruited within the target area from non-targeted areas. The targeted area within the Nottinghamshire system is East Bassetlaw. There were no applications received for the Nottingham and Nottinghamshire ICB.

Appendix IV:

NHS England Workforce, Training and Education (WTE): School of Dentistry

Foundation Training – This is an expanding area for both dentist and therapists. For dentists, WTE are expanding training numbers in the East Midlands to accommodate for ICB redistribution, COVID bulge years in 2025/2026, increasing numbers of international dental graduates and starting to plan for wider expansion under the NHS Long Term Workforce Plan. The focus is firmly on East Midlands to address areas of recruiting difficulty. Therapy foundation training is proving to be very popular with a full scheme running 2023/24 in the WM. WTE are planning a second scheme for 2024/25 dedicated to the East Midlands with a plan to recruit 10 therapists who will work in pairs across 5 practices – 2 days each in clinic, 1 study day and 2 other days when they can source work elsewhere.

Core Training – There are approximately 80 Dental Core Training (DCT) trainees across the Midlands at DCT 1, 2, and 3 levels. The focus has been on developing the East Midlands with a better working relationship with the respective unit leads in each Trust. This strategy will help with recruiting in 2024 ready for the start of the next training year in September.

Specialist Training – Another growth area with additional posts across the East Midlands in oral surgery and special care dentistry.

Dental Workforce Development – Development of generic and bespoke training for all dental registrants across the Midlands. A major part of this is the Postgraduate Virtual Learning Environment (PGVLE) which is online learning platform that hosts both courses and a wide range of resources. A training pathway is currently being developed for dental nurses to support training to be Oral Health Practitioners via an apprenticeship pathway.

International Dental Graduates – Under NHS England, the process to support international dentists who wish to join the National Dental Performers List and work in an NHS practice has been simplified. This has enabled over 50 dentists to come and work across the Midlands. The new Dental Reform Plan has proposals to support new international dentists with a provisional registration scheme that will enable them to work under supervision in primary care whilst they prepare to take the ORE examination for full General Dental Council (GDC) registration. This is a significant change as currently international dentists who are not on the GDC register can only work in secondary care as temporary registrants.

Health and Adult Social Care Scrutiny Committee

Nottingham City Council Public Health – Oral Health

14 March 2024

1.0 Background

A healthy mouth and smile have such an important role to play in our lives. They ensure people can eat, speak and socialise. Poor oral health can result in significant pain and eventual tooth loss, with an adverse impact on school or work, family and social life.

Poor oral health is almost entirely preventable and despite good progress over the last few decades, oral health inequalities remain a significant public health problem in England. In the UK, tooth decay remains the most common reason for hospital admissions in children aged between 6 and 10 years. There are marked inequalities in oral health in England across all stages of the life course and over different clinical indicators such as dental decay and related quality of life measures.

Inequalities in socio-economic position and levels of deprivation have frequently been observed for oral health. Recognising this is important for Nottingham which has high levels of deprivation, as described in the 2019 [Indices of Multiple Deprivation \(IMD\)](#) and is ranked 11th most deprived district in England.

1.1. Local data collection

Oral Health Needs Assessments

In 2020, Nottingham City Public Health team completed an [Oral Health Needs Assessment](#) describing poor oral health as a major public health issue. NHS England Dental Public Health are undertaking a rapid oral health needs assessment for Nottingham & Nottinghamshire. This is expected to be completed in early 2024 with the Nottingham & Nottinghamshire Oral Health Steering Group considering the next steps and how to use the new information to inform the oral health strategic commissioning direction in spring 2024.

Poor oral health and barriers to maintaining oral health have also been described recently both in the population supported by the Changing Futures programme where chronic pain and DIY dentistry were described, and in a Nottingham & Nottinghamshire Healthwatch report.

National Dental Epidemiology Programme (NDEP)

Standardised and coordinated annual surveys of oral health have been conducted since 1985. In keeping with its responsibility to gather information on the health needs of the local population, Nottingham City Council works with NHSE to commission Nottingham's annual surveys examining the teeth of a representative sample of the population. In recent years, the Nottingham City Council Public Health team have also funded enhanced samples to enable a richer picture of the oral health of children to be created.

Currently, the focus and analysis of the survey is coordinated by the Office for Health Improvement and Disparity (OHID). There are three surveys of children carried as part of the NDEP survey programme:

- A survey of 3-year-old children attending private and state-funded nurseries or nursery classes attached to schools and playgroups
- A biennial survey of 5-year-old children attending mainstream, state-funded schools
- A survey of children in year 6 (10 and 11 year olds) attending mainstream state funded primary and middle schools.

In addition to surveys of children, the National Dental Epidemiological Programme for England (NDEP) includes an oral health survey of adults. (last completed 2017/18).

Together, these surveys present a snapshot of the oral health of children and adults and provide a picture of trends in the oral health of children over time and comparable to other areas of England.

1.2. Children's oral health in Nottingham

In 2022, the average number of teeth affected by dental decay amongst 5-year-olds in Nottingham was 1.3 teeth. This is significantly higher than the England average 0.8 teeth. Similarly, over a third of 5-year-olds had visually obvious signs of dental decay (34.2%); significantly worse compared to the England average (23.7%). The COVID-19 pandemic had an impact on the delivery of the NDEP survey programme for children.

Data for the oral health survey of 3-year-old children 2020 was collected during the academic year 2019 to 2020 but was curtailed by the COVID-19 pandemic and the closure of schools and nurseries for most children in March 2020.

1.3. Adult's oral health in England

The results of the National Dental Epidemiology Programme 2017/18 oral health survey of adults attending general dental practices in England showed more than a quarter of participants (27%) had tooth decay, having on average 2.1 decayed teeth, and more than half (53%) had gingival bleeding. Furthermore 18% reported currently being in pain and the same number had experienced one or more impacts of poor oral health 'fairly' or 'very often' in the previous year. Poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas. Due to insufficient local respondents, specific intelligence on Nottingham City is not available.

2.0 Improving oral health and tackling oral health inequalities in Nottingham

OHID and NICE (PH55), describe the need for a range of interventions that aim to improve oral health whilst reducing oral health inequalities. This guidance has helped the Nottingham City Public Health team and local stakeholders develop a package of interventions for Nottingham City focused on preventing people from experiencing

poor oral health. In keeping with the philosophy of the Joint Health and Wellbeing Strategy, the approach doesn't just focus solely on changing individuals' behaviour but considers community and population level interventions.

2.1. Distribution of oral health resources

Twice daily tooth brushing with fluoride toothpaste is recommended to prevent or limit dental decay. The current financial pressures on households may limit access to basic oral healthcare products such as fluoride toothpaste and toothbrushes and risk further deterioration in oral health. Services which support people in financial stress (eg food banks) do not have a sustained supply of oral health products.

In the financial year 2022/2023 NHS England (NHSE) provided a total of £100,000 non-recurrent ring-fenced funding to the two local authorities in the Nottingham and Nottinghamshire Integrated Care System. The funding was for the sole purpose of purchasing and distributing toothbrushing packs to foodbanks and other community organisations who provide support for vulnerable people and families.

Nottingham City Council has been co-ordinating the distribution of supplies across both the city and county (this followed £40,000.00 ring fenced non-recurrent funding in the financial year 2021/2022 to undertake a similar process, which was co-ordinated by Nottinghamshire County Council). [The first distribution of resources took place in August 2023](#), which included 20,388 products (toothbrushes and toothpaste for both adults and children) distributed across Nottingham with a second distribution planned in Nottingham City in early March 2024.

In addition to this funding, Nottinghamshire County Council is co-ordinating the use of a second pot of NHSE funding to help prevent poor oral health through innovative, approaches across Nottingham and Nottinghamshire. The focus of this work is currently being informed by the partners of the Nottingham and Nottinghamshire Oral Health Steering Group including Nottingham City Council.

2.2. Nottingham City Oral Health Improvement Team

The Nottingham City Council Public Health team have commissioned the Community Dental Service (CDS) CIC to deliver an evidence based oral health promotion service for identified communities and vulnerable groups in Nottingham to maintain and improve their oral health. The [Nottingham City Oral Health Improvement Team launched in January 2024](#), with the contract initially operating for three years. The service is focused on supporting positive change in four key outcomes:

1. Improvement in the overall oral health and wellbeing of children and young people in Nottingham.
2. Improvement in the overall oral health and wellbeing of older people and vulnerable adults in Nottingham.
3. Reduced prevalence of caries (Decayed Missing or Filled Teeth [DMFT]) of five-year-old children (including a reduction in caries-related tooth extractions) in Nottingham, particularly in areas of high prevalence of disease.

4. Increased knowledge and levels of awareness around poor oral health, access to services and best practice for residents and health, social care, early years and education professionals.

To achieve change in the outcomes above, the service has a number of key objectives against which its performance is monitored through quarterly contract reviews:

- A. To train professionals who work with vulnerable adults, older people and children so that they can provide evidence-based oral health promotion advice,
- B. To develop and roll out a sustainable supervised tooth brushing programme in early years settings,
- C. To develop and maintain strategic partnerships with relevant services working with older people, vulnerable people and children and families,
- D. To develop Nottingham City Oral Health Promotion branding and lead on Nottingham City Oral Health Promotion Communications,
- E. To fund, develop and distribute appropriate oral health resources (eg packs of information, leaflets, toothbrushes and toothpaste).

2.3. Severe Multiple Disadvantage (SMD)

There is emerging evidence that poor oral health is one of the most common physical health problems faced by Severe Multiple Disadvantage (SMD) and homeless populations. In spring 2022, 45 people experiencing SMD in Nottinghamshire participated in research about their dental health and access to dentistry. The research found that there was a need for an alternative offer to mainstream services should be considered for people experiencing homelessness and/or SMD.

After consideration of different models, it was decided that a mobile dentistry unit should be commissioned by NHS England to run a 12-month pilot, adopting a partnership approach to offer acute care to individuals.

Community Dental Services (CDS) CIC have been commissioned to undertake the delivery and the unit is currently operating on a rotational basis across both Nottingham City and Nottinghamshire. The mobile dentist unit has the capacity to see approximately fifteen people a day at the designated sites visiting once a month in Nottingham City. The unit carried out thirty-six appointments for vulnerable citizens in Nottingham between July 2023 and January 2024.

The evaluation of the pilot is currently ongoing and is being undertaken by CDS with support from NHSE and the Nottingham City Public Health team who are gathering qualitative feedback and case studies.

2.4. Fluoridation

Water fluoridation is a safe and effective population-level public health intervention which has been shown to reduce the likelihood and scale of tooth decay in children

and adults. It involves adjusting the fluoride level in drinking water supplies to an amount that is optimal for dental health of 1ppm (1.0mg/l).

Fluoridation works in two ways. For children younger than 8 years, fluoride helps strengthen the adult (permanent) teeth that are developing under the gums. For adults, exposure to fluoridated water supports tooth enamel, keeping teeth strong and healthy.

Adjustment of fluoride levels in drinking water supplies in England is regulated under new legislation (Health and Care Act 2022), which empowers the Secretary of State for Health and Social Care (SofS) to establish, vary or terminate existing water fluoridation schemes. Before an existing scheme can be varied, feasibility studies, consultations and capital and revenue costs may need to be assessed by the SofS. Local councils can submit a formal request letter to the SofS to consider varying schemes in their area.

Nottingham City and Nottinghamshire County Councils have worked jointly to engage with key stakeholders, including elected members, the Local Dental Network and Local Dental Committee to seek support for the expansion of water fluoridation across the ICS footprint. Endorsement has also been received from the Nottingham and Nottinghamshire Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

[A letter from the Chairs of the Nottingham and Nottinghamshire Health and Wellbeing Boards](#) (executive sponsors for phase one), the Chair of the ICP and the Chief Executive of the ICB has now been submitted to the SofS for Health and Social Care to request exploration of the expansion of the current water fluoridation scheme across Nottingham and Nottinghamshire.

If the Secretary of State agrees to explore the expansion of the current water fluoridation schemes, a detailed feasibility study would be undertaken by the water company and an extensive public consultation with all stakeholders would take place.

2.5. Wider determinants of oral health

Oral health, including oral cancers, is influenced by a number of broader health behaviours such as diet, tobacco use, hygiene practices and alcohol use and the biological factors that are directly linked to oral diseases, namely inflammation, infection and immunity.

The Nottingham City Joint Health and Wellbeing Strategy identified two key programmes of work that contribute to oral health: Eating and Moving for Good Health and Smoking.

[Eating and Moving for Good Health](#)

The local system has a vision to transform Nottingham's systems, services and infrastructure so that they support eating and moving for good health as a part of everyday life, for everyone in the City.

To tackle these issues we have taken a whole system approach. This includes providing individual support for residents of all ages who wish to change their diet or lose weight but also ensuring early years and school settings promote eating and moving for good health and our local built environment and economy promotes positive movement and healthy food choices.

[Smoking & Tobacco control](#)

The Nottingham and Nottinghamshire Smoking and Tobacco Alliance brings together partner organisations from across a wide range of disciplines to work towards a clear, shared ambition to see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City.

The approach taken looks beyond simply helping smokers to quit but highlights how we will support our young people not to start in the first place and identifies the work we need to do to address the wider determinants of tobacco related inequalities, such as reducing exposure to second-hand smoke and access to illegal tobacco.

3.0. Summary

The Local Authority Public Health team and key, local stakeholders acknowledge the role they play in preventing poor oral health including establishing positive dental hygiene, diet and other health behaviours at an early age. Furthermore, we recognise the importance of an all age approach to protecting and improving oral health and have endeavoured to create a programme of interventions that support those in our communities experiencing the greatest need. These prevention activities are just part of the solution but are key to improving oral health and reducing inequalities.

**Health and Adult Social Care Scrutiny Committee
14 March 2024**

Mental Health Crisis Transformation

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To review the progress of the transformation of the mental health crisis service offer to Nottingham residents, provided by the Nottinghamshire Healthcare NHS Foundation Trust (NHT).

2 Action required

- 2.1 The Committee is asked:

- 1) to make any comments or recommendations in response to the report on NHT's mental health crisis service offer and the transformation process; and
- 2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

- 3.1 The NHS Long Term Plan (LTP) sets out an ambition for there to be 24/7 age-appropriate crisis care available via NHS 111 by April 2024. This includes Crisis Resolution Home Treatment (CRHT) service for all adults, integrated crisis provision for children and young people under 18 and their families, the development of local crisis services in addition to those offered within Emergency Departments, a programme for mental health and ambulance services to work together to deliver services, and all general hospitals to have mental health liaison services.
- 3.2 A key aspect of the crisis service offer for Nottingham is three CRHT teams, which cover the whole of the city and the wider county area. One team covers Nottingham, with a second in place for the south of Nottinghamshire (both teams are based at Highbury Hospital and work closely together). The third team works across the middle and north of the county.
- 3.3 The NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) and NHT work collaboratively to use the 39 Core Fidelity Standards (CFS) as the framework for the commissioning and delivery of crisis services. In March 2023, an assessment of crisis services against the CFS was carried out and 19 areas of improvement potential were identified. NHT has been working in partnership to formulate actions and work towards achieving improvement within the 19 CFSs, many of which are aligned to the mobilisation of the new Crisis Clinical Access Telephone Line. As of January 2024, a further review of services

showed that 8 areas of improvement remained in relation to the Crisis Resolution Team (CRT).

- 3.4 Healthwatch was commissioned to undertake a project that aimed to understand the experiences of people accessing local clinical mental health services, which was published in November 2023. NHT is working together with the ICB and Healthwatch to develop an action plan both with people with lived experience and partners to address the key recommendations within the report. Development work has also been informed by gathering service users' experiences of accessing local mental health care in a crisis, and from feedback gathered from NHT's Patient Involvement teams, which helps system partners to prioritise improvement work. A significant programme of work is focussed on supporting each CRT to work with patients and carers to ensure that their voices inform both individual care plans and all improvement work that is undertaken. This is being supported by Patient Involvement teams and local volunteers.
- 3.5 The Care Quality Commission (CQC) carried out an unannounced inspection of NHT's mental and community health services during October 2023. The CQC visited the three mental health services that had been rated as 'good' in 2014. The CQC published reports on 17 January and 1 March 2024 – with the overall rating for these services being downgraded to 'requires improvement'.
- 3.6 The Committee has engaged with NHT on a number of occasions, with representatives attending the meeting on 17 December 2020 to discuss the specific support offer for people in mental health crisis, and then on 13 May 2021 to review NHT's overall strategy and transformation work in the context of the Coronavirus pandemic. The Committee has also reviewed other items with NHT and partners on psychological services (16 September 2021 and 15 September 2022), eating disorder services (14 October 2021 and 13 October 2022), the support available to people with co-existing substance misuse and mental health needs (23 June 2022), and mental health service commissioning (23 March 2023).

4 List of attached information

- 4.1 Report: Nottingham and Nottinghamshire Mental Health Crisis Transformation

5 Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 [Nottinghamshire Healthcare NHS Foundation Trust CQC Inspection Reports](#)

- 6.2 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny meetings held on:

- [17 December 2020](#)

- [13 May 2021](#)
- [16 September 2021](#)
- [14 October 2021](#)
- [23 June 2022](#)
- [15 September 2022](#)
- [13 October 2022](#)
- [23 March 2023](#)

7 Wards affected

7.1 All

8 Contact information

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Nottingham & Nottinghamshire Mental Health Crisis Transformation

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

March 2024

Introduction

This briefing will provide an update on the transformation of the mental health crisis service offer since the NHS Long Term Plan for Mental health (2019) was published and outlines planned future developments. It also includes references to people's experiences of accessing local mental health care in a crisis and feedback gathered from Nottinghamshire Healthcare NHS Foundation Trust's Involvement Team which will help system partners to prioritise improvement work.

Part two refers to the provision of the Crisis Services by Nottinghamshire Healthcare Foundation NHS Trust (NHFT), with a particular focus on those for people living in the City of Nottingham. The subsequent section presents the additional services which have been designed and delivered by other system partner organisations to broaden the offer and to improve access to care for patients experiencing a crisis.

1 Local Delivery of the NHS Long Term Plan

The NHS Long Term Plan (LTP) sets out an ambition for all regions to have 24/7 age-appropriate crisis care available via 111 by April 2024. Including:

- A 24/7 Crisis Resolution Home Treatment (CRHT) service for all adults, operating in line with best practice as outlined within Core Fidelity Standards for Crisis Services (more detail provided in the following sections).
- An integrated 24/7 crisis provision for children and young people that meets the needs of people under the age of 18 years and their families
- The development of local crisis services in addition to that offered within Emergency Departments (ED), developed in partnership with local VCSE organisations and local authorities and as an integrated part of the system's mental health care pathways.,
- A programme for mental health and ambulance services to work together to deliver services, including the introduction of a mental health transport vehicle(s), training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services.
- All general hospitals will have mental health liaison services, with at least 70% of these services meeting the 'core 24' standard for adults and older adults.

These ambitions are in the process of being delivered for the people of Nottingham City and examples of recent feedback about the services have been shared throughout the briefing so

illustrate where patient outcomes and expectations are being delivered and where further improvement work is required.

The main clinical services are the Crisis Resolution Home Treatment teams (CRHTs) which cover the whole of Nottingham City and the County. They function as three separate teams, one covering Nottingham City and a second for the South of the County (based at Highbury hospital and work closely together), with the other working across the broader geography of the middle and north of the county.


The local Integrated Care Board (ICB) and NHFT collaboratively use the 39 Core Fidelity Standards (CFS) as a framework upon which crisis services are commissioned and delivered. The CFS framework is a useful tool for measuring effective service delivery and improvement of crisis services. For reference, a list of the 39 CFS can be found at the following link [fidelity-scale-final-pdf_0.pdf \(ucl.ac.uk\)](#).

Achieving Core Fidelity Standards for CRHTs

In March 2023, an assessment of Nottingham and Nottinghamshire crisis services against these standards was conducted and 19 areas of improvement potential were identified. NHFT worked in partnership to formulate actions and work towards achieving all outstanding 19 standards within the next year, many of which are aligned to the mobilisation of the new Crisis Clinical Access Telephone Line (also to be discussed later in this briefing).

In Nottingham City this work has included:

- Increases in capacity to offer more effective and responsive services
- An increase in service options for people experiencing a crisis
- An acknowledgement that service needs in the City are different to those of the rest of the system and that local services need to meet the needs of local patients



"If it wasn't for all of you I wouldn't be here today, I feel that I'm not alone and if I need the support I know where to get it [...] Thank you."

Service user from City CRHT

In January 2024, a follow up review of the crisis service's CFSs showed that the number previous areas identified for improvement (19) had been addressed and reduced by 11, but that 8 areas of improvement remained.

These are,

1. The Crisis Resolution Team (CRT) responds quickly to new referrals.
2. The CRT facilitates early discharge from hospital.
3. The CRT responds to requests for help from service users and carers whom the CRT is currently supporting.
4. The CRT closely involves and works with families and wider social networks in supporting service user.
5. The CRT provides psychological interventions.
6. The CRT has adequate staffing levels.
7. The CRT can refer to Acute Day Service.
8. Risk assessments and management plans are reviewed by staff during CRT care and changed where clinically appropriate.

These are critical service elements to an effective, personalised and safe crisis service and remain our collective priority to improve in partnership with patients and their families. Current programmes of improvement work are focussed on recruitment of Psychologists, training in Trauma Informed Care for teams, retention of experienced clinicians within the local crisis teams and capacity management to ensure services can respond quickly.

A significant programme of work is focussed on supporting each crisis team to work with patients and carers to ensure that their voices inform both individual care plans and all improvement work which is undertaken. This is being supported by Patient Involvement Teams and local volunteers.

These improvement plans form part of the Crisis Service's 2024/25 operational plan and updates and partners would welcome the opportunity to update the committee throughout the forthcoming year.

Funding for Transformation Programmes

The national transformation plans for mental health are evidence-based and comprehensive and have been translated into local plans that aim to transform patient experience, outcomes and proactively reduce health inequalities. In order to facilitate the delivery of these plans, Integrated care Boards (ICBs) are allocated ringfenced funding for mental health which is specifically assigned to each area of mental health service transformation.

This investment is part of the requirement to meet the annual Mental Health Investment Standard (MHIS), which is about evidencing year on year, increased spend on mental health services for local people. £2.78m has been invested recurrently since 2019/20 and £1.9m non recurrently to increase the availability of Crisis Response and Home Treatment Services, incorporating developments to meet the objectives outlined in the Mental Health Long Term Plan and to ensure staffing is funded to core fidelity quality standards.

Services are commissioned from a range of organisations with a proportion of the funding allocated for secondary care services commissioned from and delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHFT) and where appropriate through subcontracts with the Voluntary, Community and Social Enterprise sector (VCSE) to support the delivery of integrated pathways of care to meet the needs of individuals.

2 Transformation of Local Clinical Crisis Services

As a result of the local transformation funding received, we have increased our crisis offer to support the following developments and improvements:

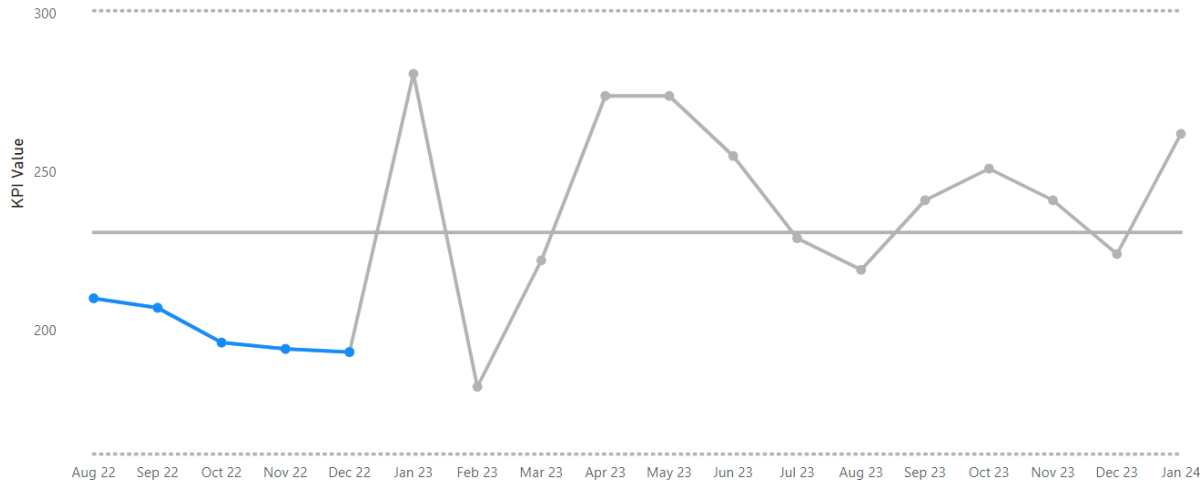


Crisis Resolution and Home Treatment Teams operate 24/7 and provide face to face (or remote where desired), assessments and home treatment to people who have immediate care needs. Referrals to the crisis team can be made by clinicians or by individuals themselves if they feel that this is the care they need or indeed, if they are unsure where to go but feel unsafe or acutely unwell.

Referrals to the City crisis teams have increased from an average of 207 per month in 2022/23 to 245 per month year-to-date. The figure below shows the referral numbers received specifically by the city-based crisis teams by month over the last 18 months. To understand the longer-term picture, referrals to the City crisis team have increased from an average of 177 per month in 2020 to the current levels of an average of 241 per month this year.

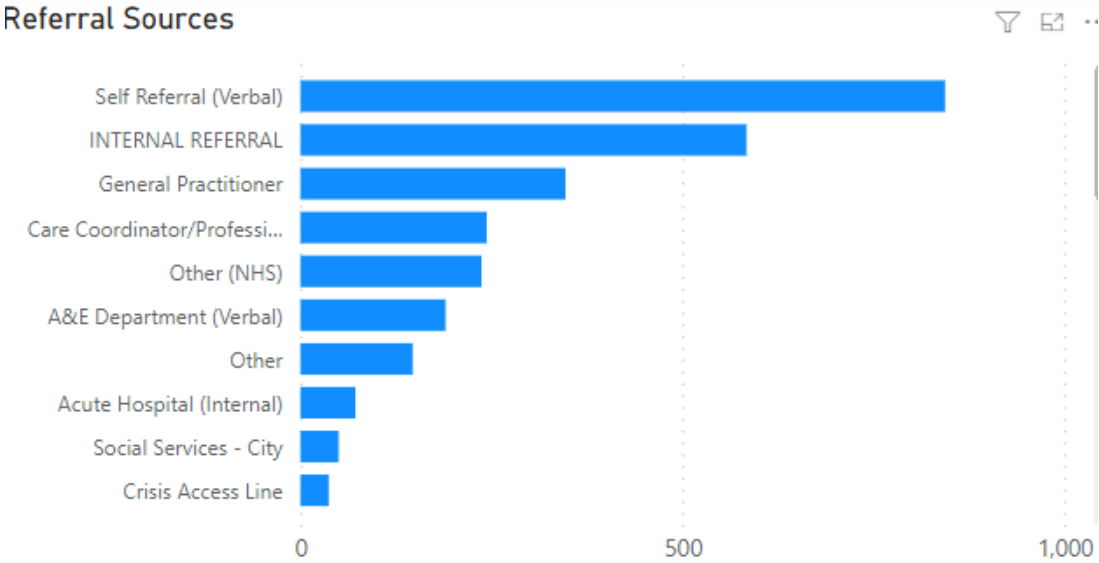
City Crisis Service Referrals by Month

New Referrals - Monthly Trend (Number)



During the last 12 months (January 2023 – end of December 2023), 2893 referrals were received by the City CHRT. 29% of referrals (844) were self-referrals, and 80% of these were accepted. The remaining 71% (2049) of referrals come from professionals, and 84% of these were accepted. The similarity in conversion rates from referral to acceptance for both self and professional referrals is an important point to note. This data indicates strongly that many of our communities are seeking help appropriately. However, there is substantial work to do in terms of improving access and reducing inequity of access across communities. 0

The following figures gives a further breakdown of the sources of referral into the City Crisis teams.



The NHFT crisis services covering the city’s population make over 1000 patient contacts every month.

Average monthly caseloads have increased from an average of 278 per month in 2022/23 to 325 per month year-to-date. Some of this increase is reflective of an increase in demand for services but some is also related to an increase in acuity of presentation and the period of care people are requiring.

As a system crisis service, the majority of the investment has funded additional clinical posts to increase team sizes and to meet the growing demand. Recruitment to these posts has been successful with low vacancy rates across the teams and despite the increase in demand, delivery against the 4 hour standard for patients requiring an emergency response face to face, is 80.9% of patients (55 out of 68) in January 2023.

Telephone Access

Telephone access to the crisis services is currently via the Nottinghamshire Mental Health Crisis helpline number, 0808 196 3779. Several options are available to people accessing this line, differentiated by those accessing services for the first time and those already under the care of a CRHT.

The helpline is delivered in partnership with voluntary sector organisation Turning Point and when choosing the first option on the 0808 number, calls are received and answered by skilled and

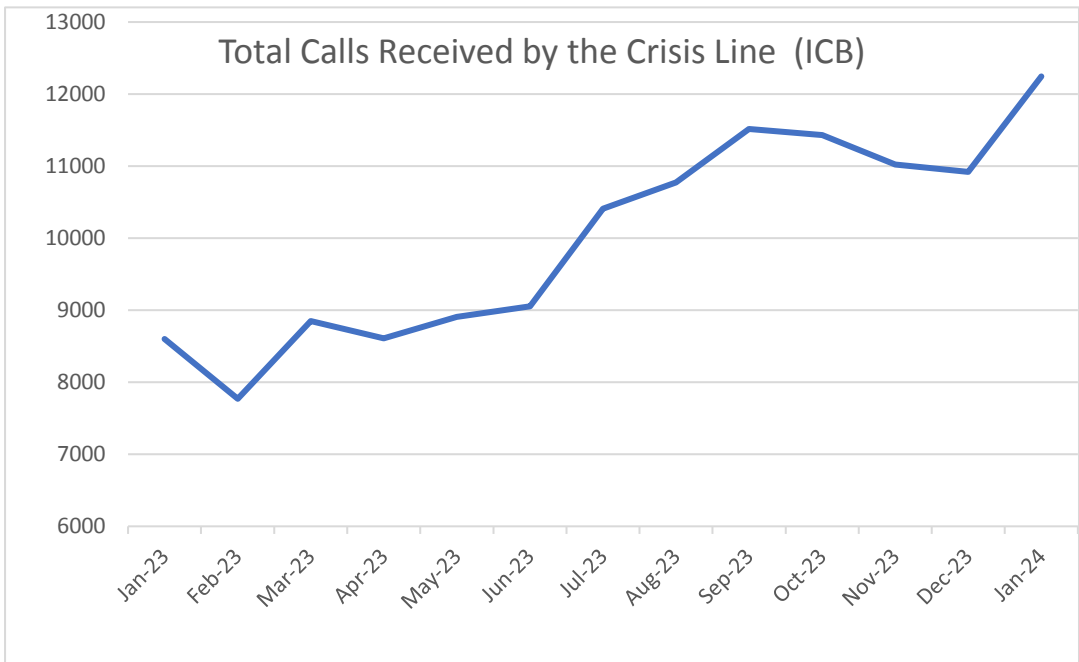
specialised trained call handlers. This team provides immediate emotional and therapeutic support and can also facilitate onward signposting into other services.

Turning Point are co-located with NHFT colleagues and use the same electronic patient record which facilitates a smooth transfer between services and minimises the need for repetitive questioning.



Callers are given a choice of options, including the team they require if they are already receiving care. These calls are diverted directly to NHFT’s clinical crisis teams who aim to answer calls within 2 minutes. As the current telephone system does not facilitate intelligent call-waiting, those not answered within the time period are forwarded to answerphone which is monitored and responded to daily by the NHFT clinical crisis team.

However, the 0808 telephone number as a service is under pressure with captured monthly call rates increasing by over 87% in the last 12 months alone. This is demonstrated in the following figure (*note, this is a total number of calls received by the Nottinghamshire Mental Health Crisis Line as at present, call numbers for City patients only cannot be extrapolated from the data*).



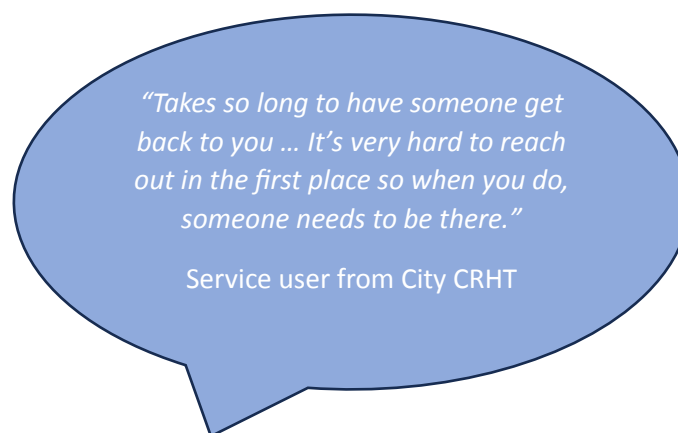
Latest figures (January 2023) show that 3576 calls were made to the City Crisis teams made via the 0808 number, which is 30% of all calls to the 0808 number. Of those calls, 80% (2845) were answered either in person or a voicemail was left for the crisis team to return the call. 20% of calls were abandoned. The data required to show how these calls are split between patients and professionals, and numbers of individuals is not available. 56% of calls were answered in person and the remainder were managed via the voicemail system. Also of note, 44% of calls were received between 8am and 8pm, with 56% received overnight, with a peak until 2am before a regular quieter period until 8am.

The current telephone system does not facilitate intelligent call waiting or a queue system. In order to ensure both patient and professional callers to the crisis line are not left with a significant period of ringing, the answerphone is activated after 2 minutes of waiting. The system is not satisfactory in terms of patient or team experience but funding has been secured to procure a new telephony system to improve patient experience and to support the mobilisation of the new Mental Health Clinical Access Line (described in the following section).

This new telephony system will enable staff to know when callers are waiting to speak to the service with live information, will manage call queues, give callers wait time information, enable call-backs and will provide critical information about abandoned calls and where care has not been provided in a timely way. The system will be operational from April 2024.

System partners have also been preparing for the inception of 111, press 2 which is due to be nationally switched on for patients who contact 111 in a mental health crisis in April 2024. Changes in demand will be monitored carefully to ensure that any changes in required capacity are responded to quickly and safely. Monitoring will be looking for both increased in demand as well as any changes in peak times for activity so that workforce planning aligns to need and keeps telephone waiting times to a minimum for patients.

The impact on Helpline demand of the switch-on of 111, press 2 is largely unpredictable as it is likely (and is hoped to), find previously unmet need as well as having the potential to become a new way of accessing services for patients under other mental health services. However, current 111 mental health activity has been analysed and system partners are working with both regional and national teams to use the information available to predict and manage capacity to maximum effect.



It was therefore important to ensure that system capacity has been pre-emptively maximised and that the system infrastructure is modernised to manage both demand and improve patient experience.

Mental Health Clinical Access Line

During March 2024, a new combined telephone service will be mobilised which is aimed at improving access to patients seeking support and care for their mental health via telephone. The service has been developed in partnership with service users who have experience of accessing Crisis Services via the telephone.

The line will build upon what has been in place since 2020 and provide an all age, 24/7 service for all local people and will see NHFT clinical teams and Turning Point's skilled workforce working as one team to deliver a single service to meet the needs of as many people as possible.

The Mental Health Clinical Access Line will respond to all callers who call either 111, press 2 or who call the 0808 helpline. The combined service will be able to provide support, triage and signposting but will also offer clinical assessment and immediate care. Integrated senior clinical capacity has been introduced into the service to ensure patients are able to access the right support. This addition (which is 24/7), will also facilitate stronger working links with the Crisis Team. There has been additional investment into the team to enable sufficient capacity to be created before service switch-on, however, demand and capacity will be continuously reviewed from the launch.

It is intended that this new approach will support all callers (patients, family members and referrers) in accessing services and in help to better understand the needs of patients across the City so that they can be met effectively. Demand, times of longest calls waiting, levels of abandoned calls and feedback from both patient and carers will be triangulated in the ongoing evaluation of this critical service.

National and local communications campaign to promote 111, press 2 for mental health as the main route into crisis services to support people getting to the right place more effectively.

Mental Health Liaison Services

Following additional system investment at all three Acute Hospital sites, mental health liaison provision for 24/7 services are now in place. Liaison services deliver assessments for patients who are referred by A&E or other acute hospital ward teams, due to concerns regarding their mental health presentation. The Service accepts referrals from A&E and inpatient wards and respond within 4 or 24 hours depending on the urgency of the referral.

When a patient requires an additional period of assessment or treatment, the crisis team(s) work in partnership with liaison services to offer the right clinical pathway. This may be brief intervention within the A&E department, planned home treatment or a period of inpatient treatment if clinically indicated.

3 Investments into Additional Crisis Services

This section presents the additional services which have been designed and delivered by other system partner organisations to broaden the offer and to improve access to care for patients experiencing a crisis.

24/7 Text NOTTS Crisis Support is provided via national Charity SHOUT. This service was commissioned in 2023 and service can help with issues such as anxiety, stress, loneliness, depression, and suicidal thoughts. The ICB and NHFT communications team are supporting the promotion of the service across Nottingham and Nottinghamshire, including printed materials and social media campaigns. If required, the Text Notts can also refer directly into crisis services should a service user require immediate, more intensive support.

The Crisis House is delivered in partnership with Turning Point and provides a homely and welcoming space for people who are feeling distressed or experiencing a crisis that is affecting their mental health and time away from home is of benefit. It provides a residential setting for stays of up to 7 days. During the last 12 months, over 200 people have spent resident time at this facility.

Crisis sanctuaries provide safe places people can go to at times of crisis. The service is delivered by a partnership of providers including Nottinghamshire Mind, Turning Point and Framework. In the City, sanctuaries operate daily, 6pm- 11pm at the Wellbeing Hub at Hounds Gate, with other sites also offered in Chilwell, Mansfield, and Worksop. The City crisis hub offers a range of face to face and digital interventions. Over the last 12 months a total of 488 people received an intervention from the city crisis hub. 58% of those were self-presentations with the remainder referred by professionals from other access points including the CRHT.



Ambulance response to mental health is a programme for mental health and ambulances, including mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services. Nottinghamshire have been allocated a Mental Health Response Vehicle, funded by NHSE which will be staffed by a paramedic and mental health professional, providing an on the scene joint response to people in mental health crisis and this will be implemented in June 2024/25. Initially, this will be a partial mobilisation of a single shift per day to enable a full assessment of demand, feeding into a future case.

Harmless: The Tomorrow Project provides an all age primary care based, short-term crisis management support pathway providing emotional and practical one-to-one support and advice and safety planning (often for issues such as housing, debt and other factors leading to suicidal ideation). The service responds within one working day. The service received 227 referrals between April and December 2023, 40% being from Nottingham City. Outcomes for patients include reported reductions in self-harm, reductions in suicidal thoughts and planning, improvements in ability to tolerate distress and feeling more positive for the future. This service has been reprocurd as part of the system’s suicide prevention strategy and the full service commences on 1 April 2024.

Community Transformation

Whilst not specifically crisis services, it is important to note key elements of the new model implemented within community service which will provide support to people experiencing a crisis, including;

- Mental Health Practitioner roles in Primary Care Networks (PCN)
- Peer Support Workers, a new joint pathway for people who access a Mental Health Service (with a substance misuse need) or a Substance Misuse Service (with a mental health need)
- Transition Workers supporting young adults transitioning from Children and Young Peoples services into adult services and VCSE services
- Mental health enhancement to PCN social prescribing to increase the capacity and capability of social prescribing to support patients with common and severe mental illness.
- Personality Disorder (PD) Hub is now operational and provides dedicated support for patients with PD throughout the mental health pathway, including crisis support.

Peer Support Workers

Throughout the transformation programme, growth in the Peer Support Workforce has been a key requirement, recognising the value that people with lived experience can bring to a model of care and offering further engagement through non-clinical, person-centred support. Peer Support Workers are embedded across many areas of the model including in the Coexisting Mental Health and Substance Misuse Pathway, in the Personality Disorder pathway and in Crisis Services through Carer Peer Support Workers, supporting loved ones of people in a crisis.

4 Continuing to Improve the Experience and Outcomes of People in Crisis

System Partnership

Key partner organisations from across the Nottingham and Nottinghamshire ICB formed an urgent care & crisis taskforce group in 2018 to work together to deliver against priority areas. This group works alongside the System Mental Health Partnership Board which includes members from health, local authority, Police Universities and local VCSE organisations and focusses on how partnership working can support people with mental health needs more effectively to improve outcomes and experience.

Our system has a good foundation and history of working collaboratively for example, the development and mobilization of the street triage vehicle which enables mental health practitioners and police to respond to the needs of local people, together. Throughout 2024/25 we are working together to review other opportunities to collectively improve service delivery for local citizens

which will be informed by work to understand, measure and respond to the changes in presentation of emotional distress across local communities.



Co-Production

In 2023, Healthwatch were commissioned to undertake a project that aimed to understand the experiences of people access local clinical mental health services. This report was published in November 2023 and can be found at the following link [HWNN-SMI-Report-Specialist-Mental-Health-Services.pdf](#).

Findings within the report include people feeling that they have to reach a crisis point in their health before they can access care, that there is a need for more options in terms of accessing care in a crisis (including crisis cafes or safe places) and that more clarity is needed so that people know where to go in a crisis and access the right help.

The ICB and NHFT are working together with Healthwatch to develop an action plan with people with lived experience and partners to address the key recommendations within the report by the end of September 2024.

5 Recommendation

The Committee is asked to receive this update on local services for people experiencing urgent Mental Health needs and note future plans to improve service delivery.

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Health and Adult Social Care Scrutiny Committee 14 March 2024

Work Programme

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To consider the Committee's work programme for 2023/24, based on the issues identified by Committee members at previous meetings and any further suggestions arising from this meeting, and to take a forward view on the Committee's 2024/25 work programme.

2 Action required

- 2.1 The Committee is asked:

- 1) to note the work that is planned for the remainder of the 2023/24 municipal year and to make any amendments, as required; and
- 2) to consider any priority topics or issues for inclusion on the work programme for the upcoming 2024/25 municipal year.

3 Background information

- 3.1 The Committee has been established to:

- hold local decision-makers (including the Council's Executive for matters relating to Adult Social Care and Public Health, and the commissioners and providers of local health services) to account for their decisions, actions, performance and management of risk;
- review the existing policies and strategies of the Council and other local decision-makers where they impact on Adult Social Care and/or the health of Nottingham citizens;
- contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Adult Social Care and/or the health of Nottingham citizens;
- explore any matters relating to Adult Social Care and/or health affecting Nottingham and/or its citizens;
- make reports and recommendations to the relevant local agencies with respect to the delivery of their functions (including the Council and its Executive, and the commissioners and providers of local health services);
- exercise the Council's statutory role in scrutinising health services for Nottingham in accordance with the NHS Act 2006 (as amended) and associated regulations and guidance;
- be part of the accountability of the whole health system and engage with commissioners and providers of health services and other relevant partners (such as the Care Quality Commission and Healthwatch); and

- review decisions made but not yet implemented by the Council's Executive, in accordance with the Call-In Procedure.
- 3.2 As well as the broad powers held by all of the Council's Overview and Scrutiny bodies, the Committee holds the following additional powers and rights as part of its remit for health:
- to review any matter relating to the planning, provision and operation of health services in the area;
 - to require members of the Council's Executive and representatives of commissioners and providers of NHS and Public Health-funded services to provide information to the Committee, attend its meetings and answer questions posed;
 - to invite other persons to attend meetings of the Committee to provide information and/or answer questions;
 - to make recommendations and provide reports to relevant decision-makers, including the Council's Executive and commissioners of NHS and Public Health-funded services, on matters within their remits. The Council's Executive and commissioners of NHS and Public Health-funded services have a duty to respond in writing to such recommendations; and
 - to be consulted by commissioners of NHS and Public Health-funded services when there are proposals for substantial developments or variations to services, and to make comment on those proposals.
- 3.3 The Committee sets and manages its own work programme for its Scrutiny activity. Business on the work programme must have a clear link to the Committee's roles and responsibilities, and it should be ensured that each item has set objectives and desired outcomes to achieve added value. Once business has been identified, the scheduling of items should be timely, sufficiently flexible so that issues that arise as the year progresses can be considered appropriately, and reflect the resources available to support the Committee's work. It is recommended that there are a maximum of two substantive items scheduled for each Committee meeting, so that enough time can be given to consider them thoroughly.
- 3.4 The current work programme for the 2023/24 municipal year is attached, and the Committee is asked to review the business and make any amendments that are needed. Potential issues raised by Committee members to date are regularly scoped for scheduling in consultation with the Chair, the relevant senior officers and partners, and the Portfolio Holders with the appropriate remit.

4 List of attached information

- 4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2023/24

5 Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6 Published documents referred to in compiling this report

6.1 [Nottingham City Council's Constitution](#), Article 9 and Article 11

7 Wards affected

7.1 All

8 Contact information

8.1 Adrian Mann, Scrutiny and Audit Support Officer
adrian.mann@nottinghamcity.gov.uk

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**Health and Adult Social Care Scrutiny Committee
Work Programme 2023/24**

Meeting	Items
<p>14 September 2023</p>	<ul style="list-style-type: none"> • Appointment of the Vice Chair To appoint the Committee's Vice Chair for the 2023/24 municipal year • Committee Terms of Reference To note the Committee's Terms of Reference • Recovering and Sustaining General Practice To review the local activity to recover access and sustain General Practice in the context of the national delivery plan for recovering access to primary care • Quality Accounts 2022/23 To note the comments submitted to the Quality Accounts 2022/23
<p>12 October 2023</p>	<ul style="list-style-type: none"> • Adult Social Care Winter 2023/24 Preparedness To scrutinise how lessons learnt from winter 2023 are being used to inform planning and decision-making for managing pressures in winter 2024 • Adult Social Care Transformation Programme To scrutinise progress in the delivery of Adult Social Care transformation • Tomorrow's Nottingham University Hospitals NHS Trust Programme To receive an update on the progress of the Tomorrow's NUH programme, including plans for public consultation

Meeting	Items
<p>16 November 2023</p>	<ul style="list-style-type: none"> • Nottingham City Safeguarding Adults Board Annual Report 2022/23 To consider the Safeguarding Adults Board's latest Annual Report • Nottingham University Hospitals NHS Trust – Maternity Services and Well-Led To review the progress on addressing service issues since the last update and the response to the findings of the most recent Care Quality Commission inspections
<p>14 December 2023</p>	<ul style="list-style-type: none"> • Tomorrow's Nottingham University Hospitals NHS Trust – Proposed Public Consultation To review the development of the upcoming public consultation on the Tomorrow's NUH programme
<p>18 January 2024</p>	<ul style="list-style-type: none"> • New Health Scrutiny Regulations and Statutory Guidance To note the changes to the powers of referral to the Secretary of State in relation to the substantial variation of NHS services • Impact of the Proposed 2024/25 Budget on Adult Social Care To review the Council's 2024/25 budget proposals and consider their potential impact on the delivery of Adult Social Care services
<p>15 February 2024</p>	<ul style="list-style-type: none"> • Nottingham University Hospitals NHS Trust – Workforce Inclusion Strategy To consider the intended outcomes and timelines of NUH's new workforce strategy • Care Quality Commission Pilot Care Act Assessment To review the findings of and response to the CQC's pilot assessment of how the Council is meeting its Adult Social Care duties

Meeting	Items
14 March 2024	<ul style="list-style-type: none"> • Access to NHS Dental Services To consider the Integrated Care Board's proposed approaches to improving access to dentistry as part of its new remit, and the partnership work in place to develop oral public health • Mental Health Crisis Transformation To review the current service and support offer to Nottingham residents in mental health crisis from the Nottinghamshire Healthcare Trust
11 April 2024	<ul style="list-style-type: none"> • Nottinghamshire Healthcare Trust – Care Quality Commission Assessment Outcomes To review the outcomes of the recent assessment work carried out by the Care Quality Commission and the proposed improvement activity • Ambulance Waiting Times To review the local performance issues regarding waiting times for an ambulance and the system-wide approach to addressing these

Potential Items to be Scheduled for 2023/24

- Talking Therapies and the Step 4 Psychology Service – Health Inequalities Approach [ICB]
- Co-Existing Substance Misuse and Mental Health Needs Support [PH]
- Nottinghamshire Sexual Violence Support Services [CS/OPCC]
- Public Health Grant and Co-Production with Citizens [PH]
- Joint Health and Wellbeing Strategy Impacts [PH]
- Adult Social Care Transformation Programme – Organisational Development and Workforce Strategy [ASC]
- Improving Uptake of Childhood Vaccinations – Joint Funding Activity [PH]
- Mental Health Transformation Programme [ICB]

Other Activity

- Discussion with the Care Quality Commission on its inspection of hospital maternity services (**6 December 2023**)
- Consideration of the Council's 2024/25 budget proposals in relation to Adult Social Care (**12 January 2024**)
- Discussions with the Nottinghamshire Healthcare NHS Foundation Trust on the improvement of patient outcomes within mental health settings (**30 January 2024** and **22 February 2024**)
- Reflections on the 2023/24 Work Programme (**March 2024**)
- Discussion with Healthwatch on the implementation of its new strategy (**March 2024**)
- Agreement of the approach to the 2023/24 Quality Accounts (**11 April 2024**)