

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 26 February 2025

PRESENT – Councillors Layton (Chair), Beckett, Crudass, Johnson, Mahmud and Mrs Scott

APOLOGIES – Councillors Baker, Holroyd and Pease

ALSO IN ATTENDANCE – Councillors Roche, Michelle Thompson (Healthwatch Darlington), Pauline Fletcher (NHS England - North East and Yorkshire), Emma Joyeux (NHS North East and North Cumbria Integrated Care Board) and Dr Kamini Shah (NHS England – North East and Yorkshire)

OFFICERS IN ATTENDANCE – Anthony Sandys (Assistant Director - Housing and Revenues), Lisa Soderman (Head of Leisure) and Ken Ross (Public Health Principal)

HH43 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH44 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-

(1) 8 JANUARY 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 8 January 2025.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 8 January 2025 be approved as a correct record.

(2) 15 JANUARY 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 15 January 2025.

RESOLVED – That, with the addition of Members thanks to the Housing Team to Minute HH33, the Minutes of the meeting of this Scrutiny Committee held on 15 January 2025 be approved as a correct record.

HH45 DARLINGTON PHYSICAL ACTIVITY STRATEGY 2025-2035

The Assistant Director – Community Services submitted a report (previously circulated) updating Members on the outcome of the review of Darlington's Physical Activity Strategy (also previously circulated) which was due for renewal in 2025.

The submitted report stated that the strategy had been approved by the Health and Wellbeing Board on 5 December 2024; the purpose of the strategy was to improve participation and engagement in sports and physical activity; the strategy was key to support the Council Plan and its objectives aligned with the Council's priorities; and a further review

of the strategy would be carried out in tandem with the Council Plan review in 2027.

It was reported that around one in three men and one in two women were not achieving recommended levels of activity for good health; most recent Darlington data showed that 18.1 per cent of the population were inactive, which was lower than regional neighbours but higher than the national average; and that adults should be aiming for 150 minutes of moderate activity per week.

Members were informed that a collaborative review of the Physical Activity Strategy was agreed with Public Health and Leisure Services to respond to changes in environments and behaviours which had been amplified following the pandemic; as part of the review a self-assessment was conducted using 8 themes along with a roadshow of consultation workshops with over 100 stakeholders and the public. Members noted that an action plan detailing short, medium and long term actions had been developed from the outcomes of the workshops.

Discussion ensued regarding funding and the need for a focus on economically challenged areas with Members noting that work was underway to secure additional funding for a place based initiative; and reference was made to the importance of multi-agency input. Members were informed that Make Every Contact Count training was being rolled out to staff, including those in the community.

Questions were raised in relation to the perception of recommended activity levels and Members noted that physical activity extended beyond sport. Further discussion ensued regarding the use of green spaces in Darlington.

Members entered into a discussion regarding physical activity in schools; reference was made to the challenges associated with the move from Primary to Secondary education; and Members noted there were a range of school sporting activities including Darlington School Games.

Members highlighted the importance of engaging and supporting ethnic minorities to be more active and the Cabinet Member for Health and Housing suggested amendments to the vision, mission and aims of the strategy to ensure there was a key focus on tackling inequality.

RESOLVED – (a) That Members provide further comments on the Physical Activity Strategy 2025-2035 by 5 March 2025.

(b) That Members request that consideration be given to the inclusion of 'Physical Activity Strategy' in all reports.

HH46 NHS DENTAL SERVICES

The Strategic Head of Dental Contracting (Primary Care), North East and North Cumbria Integrated Care Board and Consultant in Dental Public Health, NHS England – North East and Yorkshire gave a presentation (previously circulated) updating Members on NHS Dental Services.

The presentation provided Members with details of commissioned capacity in Darlington, including the Urgent Dental Access Centre (UDAC) which opened in June 2024; and reference was made to the NHS dentistry challenges.

It was reported that the challenges would be tackled in three streams; immediate actions to stabilise services, a more strategic approach to workforce and service Delivery and developing an oral health strategy to improve oral health and reduce the pressure on dentistry. Details were provided on the Dental Recovery Programme, with Members noting the limited uptake by dentists in Darlington for the incentivised access scheme. Reference was also made to the pilot of an urgent dental access centre in Darlington which offered 28 urgent appointments per day and had been delivering above commissioned capacity, at 104 per cent. Details were also provided of the transformation and sustainability plan, including an uplift in the local minimum unit of dental activity (UDA).

Members were informed of the NHS Dental Recruitment Incentive Scheme which was being considered as part of the wider recovery programme to recruit and retain dentists; and details were provided of the work undertaken to develop a system wide strategy to improve oral health and reduce pressure on NHS dental services.

The presentation provided details of the oral health improvement initiatives in Darlington, including supervised toothbrushing activity, oral health training for Health Visitors, public health teams and health and social care staff and investment in oral health promotion resources. Reference was also made to the dental access referral pathway for children in care and the positive impacts from this pathway.

The Chief Executive Officer, Healthwatch Darlington informed Members of the work being undertaken by Healthwatch to capture the voice of the community in relation to dental services. A survey undertaken in 2024 identified that 75 per cent of dental practices contacted did not offer NHS appointments and that only 9 per cent of NHS practices offered a same or next day appointment. Members also noted that a survey was undertaken on patients attending the UDAC in Darlington. It was reported that 87.5 per cent of patients did not have regular dental care, with some patients having gone ten or more years without seeing a dentist.

Discussion ensued regarding the limited uptake of incentivised access appointments and signposting to dental services. Members were advised that a dedicated dental comms lead was in place to improve communications; that all dental practices were aware of the incentivised scheme; and patients should be signposted to the NHS UK website. It was reiterated that the 111 service should only be used for those with urgent needs.

Members questioned the relevance of the evaluation of the dental access referral pathway for children in care given the data was out of date and were informed of the purpose of the evaluation, which established that the pathway was effective and necessary.

Members raised concerns and highlighted the need for improved communication regarding the impact of high sugar diets on oral health and noted that there was a dedicated oral health promotion team in Darlington; that additional funding was provided for the toothbrush programme in preschool settings; and that the school oral health programme,

which was taught via the PSHE curriculum, included a healthy eating component. Members sought clarification regarding resources for parents.

Members acknowledged the challenges being faced by NHS dentistry and were advised that despite the 'Golden Hello' and a range of other incentives such as relocation packages, there were continued recruitment and retention challenges; and that contract reform, providing more flexibility to dental providers, would help address this challenge.

RESOLVED – That the Strategic Head of Dental Contracting (Primary Care), North East and North Cumbria Integrated Care Board and Consultant in Dental Public Health, NHS England – North East and Yorkshire be thanked for their informative update.

HH47 PRIMARY MEDICAL CARE AND GENERAL PRACTICE ACCESS

The Strategic Head of Primary Care (Tees Valley), North East and North Cumbria Integrated Care Board gave a presentation (previously circulated) updating Members on Primary Medical Care and General Practice Access.

The presentation provided Members with an overview of General Practice, with details provided of the GP contract and regulation of general practice; reference was made to core funding and the Primary Care Network (PCN) Contract Directed Enhanced Services (DES). The presentation also gave an overview of General Practices in Darlington, including details of the workforce and means of contacting and accessing the practices.

Details were provided of primary care appointment activity including eConsult data and enhanced access utilisation and causes of access challenges were outlined; the findings of the GP Patient survey 2024, an independent survey run by Ipsos on behalf of NHS England; and the Primary Care Access Recovery Plan, which was focussing on empowering patients to manage their own health, implementing modern General Practice access, building capacity and cutting bureaucracy. Members noted the progress made to date.

Members welcomed the wide range of roles of staff in GP practices that were available to patients; and particular discussion ensued regarding the eConsult data. Members were advised that whilst all practices offered eConsults, a small number of practices operated a total triage model whereby a team of clinical practitioners reviewed and prioritised submissions received from patients, with prioritisation of appointments based on clinical need. Members highlighted concerns regarding acquiring an appointment and were informed that pre-bookable appointments were available up to two and sometimes three weeks in advance.

Concerns were also raised regarding services offered by pharmacies. The Public Health Specialist informed Members that Darlington's Pharmaceutical Needs Assessment was being reviewed and as part of the review, all community pharmacies would be contacted to ascertain their offer.

RESOLVED – That the thanks of this Scrutiny Committee be extended to the Strategic Head of Primary Care (Tees Valley), North East and North Cumbria Integrated Care Board for her interesting and informative presentation.

HH48 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest be included in the previously approved work programme.

Discussion ensued on the current work programme and Members agreed to receive an update on the 'Supporting Children and Young People's Health and Wellbeing in Schools Conference' and 'Healthy Lifestyle Survey' at the next meeting of this committee.

RESOLVED – That the work programme be updated to reflect discussions.

HH49 REGIONAL HEALTH SCRUTINY

The Tees Valley Joint Health Scrutiny Committee last met on 9 January 2025 and the next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 13 March 2025. Members noted the approved Minutes from the meeting held on 7 November 2024 (previously circulated).

RESOLVED – That Members look forward to receiving an update of the work of the Tees Valley Joint Health Scrutiny Committee at a future meeting of Scrutiny Committee.