

COUNCIL
27 MARCH 2025

OVERVIEW OF HEALTH AND HOUSING SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Housing Scrutiny Committee has undertaken.

Darlington Physical Activity Strategy 2025-2035

2. We gave consideration to the Darlington Physical Activity Strategy 2025-2035 which was due for renewal in 2025. We noted that the strategy had been approved by the Health and Wellbeing Board on 5 December 2024.
3. The purpose of the strategy is to improve participation and engagement in sports and physical activity. We noted that an action plan detailing short, medium and long term actions has been developed from the outcomes of consultation workshops that were undertaken.
4. We discussed funding and the need for a focus on economically challenged areas, with Members noting that work is underway to secure additional funding for a place based initiative. We were assured that Sport England funding is specifically targeted where financial, geographical and physical accessibility challenges are greatest. Reference was made to the importance of multi-agency input and Members were informed that Make Every Contact Count training is being rolled out to staff, including those in the community.
5. Members raised questions in relation to the perception of recommended activity levels and Members noted that physical activity extends beyond sport and could include daily activities of living in the home. Further discussion ensued regarding the use of green spaces in Darlington and members highlighted the need for effective safeguarding to make parks safer to access.
6. Discussion continued around physical activity in schools and members were informed that although there were swimming galas and cross-country events, there is a need to identify what barriers prevent a better uptake of physical activity as pupils move from Primary to Secondary education. It was noted that Healthwatch have been working with Darlington Football Club and other organisations and have bid to secure funding for 'Street Games'. Members also emphasised the challenges facing our ethnic communities and the stressed the need to support them to be able to engage more effectively in physical activity.
7. We have requested that consideration be given to the inclusion of Physical Activity Strategy in all reports.

NHS Dental Services

8. We received an update on NHS Dental Services, noting details of the commissioned capacity in Darlington, including the Urgent Dental Access Centre (UDAC) which opened in June 2024.
9. Details were provided of the NHS dentistry challenges and we were informed 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.
10. The presentation provided Members with details of the Dental Recovery Programme, with Members noting the limited uptake in Darlington for the incentivised access scheme. Reference was also made to the pilot of an urgent dental access centre in Darlington which offers 28 urgent appointments per day and has 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).
11. We noted 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.
12. The Chief Executive Officer, Healthwatch Darlington informed Members of the work being undertaken by Healthwatch and the ICB across the region to capture the voice of the community in relation to dental services. Concerns of Healthwatch North Tyneside, that high numbers of patients had no access to a dentist for more than 10 years, were shared with members.
13. Members were very concerned by the limited uptake of incentivised access appointments and by the limited signposting to dental services. The news that a dedicated dental comms lead is in place to improve communications was well received by members, but assurances were sought that all dental practices are 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.
14. Members raised concerns and highlighted the need for improved communication regarding the impact of high sugar diets on oral health and noted that there is a dedicated oral health promotion team in Darlington; that additional funding has been provided for the toothbrush programme in preschool settings; and that the school oral health programme, which is taught via the PSHE curriculum, includes a healthy eating component. Members sought clarification regarding resources for parents.
15. 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 are continued recruitment and retention challenges; and that contract reform, opportunities for professional development, providing more flexibility to dental providers, would help address this challenge.

Primary Medical Care and General Practice Access

16. We welcomed a presentation on Primary Medical Care and General Practice Access. The presentation provided an overview of General Practice, with details provided of the GP contract and regulation of general practice, 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.
17. Members were provided with details of primary care appointment activity including eConsult data and enhanced access utilisation and causes of access challenges were outlined. We received an update on 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, noting the progress made to date.
18. We welcomed the wide range of roles of staff in GP practices that are available to patients and particular discussion ensued regarding the eConsult data. Members were advised that whilst all practices offer eConsults, a small number of practices operate a total triage model whereby a team of clinical practitioners review and prioritise submissions received from patients, with prioritisation of appointments based on clinical need. Members acknowledged the need to improve access but highlighted their concerns about how well this is being explained to patients.
19. Concerns were also raised regarding services offered by pharmacies, particularly prescription delivery. The Public Health Specialist informed Members that Darlington's Pharmaceutical Needs Assessment is being reviewed and as part of the review, all community pharmacies will be contacted to ascertain their offer.

County Durham and Darlington NHS Foundation Trust

20. We welcomed an update on the Trust's progress against its Quality Accounts as at October 2024 to the end of Quarter 2, 2024/25.

Work Programme

21. We have given consideration to the Work Programme for this Committee for the Municipal Year 2024/25 and possible review topics. The work programme is a rolling programme and items can be added as necessary.

Councillor Mary Layton
Chair of the Health and Housing Scrutiny Committee