

## **DURHAM COUNTY COUNCIL**

**At a Meeting of the Adults, Well Being and Health Overview and Scrutiny Committee** held at the County Hall, Durham on **Friday 17 April 2009** at **10.00 a.m.**

**COUNCILLOR J CHAPLOW** in the Chair.

### **Members of the Committee**

Councillors J Armstrong, R Bell, D Burn, A Cox, P Gittins, S Iveson, A Laing, M Potts, A Savory, A Shield, W Stelling, T Taylor and A Wright

### **Co-opted Members**

Councillor D Bates and Mr D Haw

### **Other Members**

Councillors J Blakey and M Williams and B Birch

Apologies for absence were received from Councillors R Burnip and O Temple.

### **A1 Declarations of Interest**

There were no declarations of interest.

### **A2 Care Quality Commission Annual Health Check: 2008/09 Declaration**

The Committee considered a report of the Assistant Chief Executive advising of the Care Quality Commission Annual Health Check Declaration process and to receive information from NHS Trusts on their 2008/09 Health Check Declarations (for copy see file of Minutes). The Committee also received presentations from each NHS Trust on their declaration.

The North East Ambulance Service NHS Trust and NHS County Durham advised that they were declaring full compliance in all areas. NHS Darlington declared full compliance with the exception of standard 4b (risks associated with the acquisition and use of medical devices are minimised) for the period of April and May 2008. Tees Esk and Wear Valley NHS Foundation Trust declared full compliance with the exception of an in year lapse for the period 08.09 09 to 17.09.09 for standard C9 (loss of data stick). County Durham and Darlington NHS Foundation Trust advised that their final declaration will be discussed at the Trust Board meeting on 20 April and will be declaring full compliance with all standards with the exception of standard C4a (healthcare associated infection).

The Committee were informed that Trusts who only have commissioning functions such as NHS County Durham, will not be required to make Health Check Declarations from 2009/10 and will instead be part of the Comprehensive Area Assessment and World Class Commissioning Competencies.

Barry Birch, Chief Executive, Gay Advice Darlington and Durham expressed concern that some draft strategy documents and consultation documents are not being equality impact assessed at an early enough stage. In addition there can be a lack of, or an inadequate level of involvement and engagement with key equality and diversity organisations in the early stages of development of strategy. Consultation periods for some documents are insufficient (significantly less than the period of twelve weeks recommended by Department of Health guidance) and this can present problems for voluntary and community groups to respond.

In response to a question about ambulance response times in Teesdale and Weardale, Simon Feathertone Chief Executive of NEAS, informed the Committee that information on response times is provided to NHS County Durham on a monthly basis. It was confirmed that monitoring of performance will be part of the Committees work programme in the coming year.

**Resolved:**

1. That the process and core standards for the Annual Health Check and Declarations be noted.
2. That the information received from NHS Trusts be noted and that the comments above form the Committees response on the 2008/09 Health Check Declarations for submission to the Care Quality Commission.

**A3 Oral Health Strategy and services Commissioned to Increase Dental Provision**

The Committee received a presentation from Dr David Landes, Deputy Director of Public Health and Theresa Huddart, Assistant Director of Pathway Development Primary and Community Care about the oral health and dental services (for copy of slides see file of Minutes).

It was explained that a survey of the oral health of all 5 year old County Durham children in state education was undertaken in 1999/2000 to find out how much dental disease there was. The survey indicated that 50% of all 5 year olds had no dental disease and that 25% had only a little dental disease. However it was noted that 75% of all dental disease was concentrated in 25% of 5 year olds. More dental disease was found in wards with higher levels of deprivation. The levels of children's registration with dentists varied from more than 70% take up to less than 45%. It was found that there were greater levels of registration for wards which contain a dental practice.

During the period 1948 to 2006 there was no control over dental practice locations, no control over opening times and no control over which patients were seen. Funding was mostly related to treatment although funds were not cash limited. This all changed after April 2006. Contracts which were recently awarded required service providers to take account of issues such as opening hours and the provision of outreach clinics.

In 2008/09 there has been capital investment of £750,000 to improve practice infrastructure and to enable increased access. e.g. to equip a new surgery at a practice to enable additional dentists to be employed. There has been

additional investment in long term units of dental activity to support the recruitment of additional dentists following practice expansion. The investment in 2009/10 includes an additional £699,000 on top of the 3% increase to the dental budget. This is to be invested in improving access and dental service redesign.

A new practice was opened in April 2009 at Brandon, Durham. A pilot scheme for extended hours has been commissioned across 7 dental practices in County Durham from April 2009 (evenings and weekends). Additional long term capacity has been commissioned within Durham City, Derwentside, Coxhoe and Seaham.

New guidance has been received for Extended Duty Dental Nurses which enables a different skill mix in practices in order to free up time for dentists.

In response to questions about out of hours opening it was explained that dental practices are supportive of the proposal to extend opening times. In relation to the uptake of services in deprived areas it was explained that because of the low uptake in the Easington area, a public consultation exercise was undertaken to find out why residents were not seeking dental care. The issues which were mentioned included opening hours, insufficient information, confusion on dental charges and the need for advice on oral health. To meet these needs a directory of services is being developed, the provision of additional training for practice staff and the provision of outreach sessions with a dentist at community venues. Lessons learned in Easington will be used in other parts of County Durham.

Responding to a question about water fluoridation, Dr Landes informed the Committee that legislation had recently changed and there had been a positive outcome to a fluoridation consultation exercise in the Southampton area. The Strategic Health Authority for that region wants water companies to fluoridate the water. Other health regions of the country are awaiting the outcome of this exercise and any legal challenge before bringing forward proposals themselves.

Members of the Committee suggested that there was need to increase education on oral health within schools. Dr Landes informed the Committee of a project which would involve dental service providers going out into the community to undertake oral health promotion work which will include visits to schools. It is hoped that this will encourage the uptake up dental care.

In response to concern about the provision of NHS dental care, Dr Landes explained that at present there is no difficulty in accessing NHS dental care in County Durham.

**Resolved:**

That the presentation be noted.

The Chairman of the Committee was of the opinion that the following item of business was of sufficient urgency to warrant consideration because of the need to keep Members informed.

#### **A4 Work Programme**

Jeremy Brock informed the Committee that the next formal meeting would be held in June. Prior to this there is to be an additional meeting to help the Committee to determine its work plan for the next year and beyond involving key stakeholder organisations as part of this process.

Councillor Shield pointed out that a key issue for consideration should be transport (commissioning and provision) and access to health services, which is always raised as an issue.

**Resolved:**

That the report be noted.