

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Thursday 9 May 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee

Councillors R Crute, K Earley, D Haney, L A Holmes, L Hovvels, J Howey, C Lines, A Savory, M Simmons and T Stubbs

Co-opted Members

Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers

Ms G McGee, Healthwatch County Durham

Also Present

Councillors S Deinali and A Reed

1 Apologies

Apologies for absence were received from Councillors J Blakey, J Higgins, M Johnson, C Kay and S Quinn.

2 Substitute Members

There were no substitutes.

3 Minutes

The minutes of the meeting held on 19 March 2024 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

The Principal Overview and Scrutiny Officer advised members that notification had been received from G McGee, Healthwatch County Durham of two issues she wished to highlight and raise at the meeting today. However, he had been advised that meetings are taking place between appropriate officers and Healthwatch, so the items are deferred.

The Items were in relation to NHS Health checks and Tees Esk and Wear Valleys NHS FT service provision.

6 Oral Health Promotion and Community Water Fluoridation

The Committee considered the briefing report from NHS England (North East and Yorkshire) on water fluoridation that provided the following information:

- Summary of the evidence base of the benefits of fluoridation.
- Local epidemiology data detailing the clinical impact of water fluoridation on North East communities.
- Summary of the evidence base on potential adverse health outcomes linked to fluoridation.
- Summary of the evidence base on dental side-effects e.g., fluorosis.
- Cost effectiveness evidence.
- Local support for fluoridation including quotes of support from system leaders.

A Healy, Director of Public Health was in attendance to present the report and deliver a presentation that provided information on the Department of Health and Social Care (DHSC) consultation process to expand community water fluoridation schemes across the North East of England, to update on the current position in relation to oral health, to provide advice on next steps and to seek multiple responses to the consultation (for copy of report and presentation, see file of minutes).

K Shah, Consultant in Dental Public Health North East and J Evans, Public Health Team were in attendance to answer any questions.

Councillor Reed indicated that she could see the positives of fluoridation due to tooth decay and knew a child who had 13 teeth removed in one day that was concerning. She continued that she had read that there was an impact on people's health in terms of high levels of fluoride in the system that can cause problems such as bone damage, osteoporosis and arthritis. In Europe some countries had rejected the fluoridation programme due to the health issues and asked the officer for her advice on this.

The Consultant in Dental Public Health North East responded that the concentration of fluoride levels in England was monitored by an independent mandatory monitoring report on the health effects of fluoridation that was undertaken every four years. She stated that the last report was published in 2022 that examines other health effects that could be associated with fluoridation. Consistently there was no evidence to suggest that fluoridation at the levels in England had any adverse effect on the population.

Councillor Stubbs referred to fluorosis and asked how this occurred. Was it too much fluoride in the water which would be monitored but also the fact that some people brushed their teeth with fluoride toothpaste on multiple occasions per day?.

He then referred to the Stockton on Tees programme of fluoride varnish that was paused during COVID and asked if there was a reason why Durham County Council never adopted that programme and was there any evidence that this was affective and if it was whether this approach should be considered.

The Director of Public Health responded in terms of varnishing and referred to the Oral Health Strategy and fluoride was one of the many interventions. She continued that the evidence base was clear that in terms of all the interventions putting fluoride into the water was the most protective and the most preventative way to reduce tooth decay in the population, particularly for children. She referenced the targeted toothbrushing scheme in County Durham and they were looking at other actions in the plan to see if they can potentially extend the scheme and look at other interventions including varnishing. However other schemes would come at a cost to the local authority and she stated that from a return in investment none of these are as cost effective as fluoridation. The local authority already had some equalities as some parts of the county had fluoride in the water and the consultation was around extending the scheme. The Director of Public Health indicated that she was happy to bring back updates to the committee on the strategy.

The Consultant in Dental Public Health North East indicated that fluorosis occurs due to too much fluoride at a particular point in life when teeth are developing primarily amongst young children. They monitor these every four years when they conduct 12 year old surveys, they monitor the level of fluorosis that was done through dental surveys and not the water companies in terms of fluorosis. She continued that severe fluorosis occurred where fluoridation could lead to brown staining on the teeth. Research carried out in Newcastle with children with fluorosis showed that it was not a concern to them the reason as it made their teeth look whiter. In terms of over brushing leading to fluorosis this was not the case and the way to reduce fluorosis was by the amount of toothpaste put onto the toothbrush so that children did not swallow the toothpaste. With regard to fluoride varnish, she indicated that she had set up the scheme in Stockton and Teesside and they were really important but were complimentary as no one intervention would give the reduction in tooth decay what they were looking for. She commented that varnish

was also for older people in care homes who had high levels of decay due to the inability to clean their own teeth and wanting more sweet things to eat as their taste buds changed.

Councillor Earley stated that anything that could be done to reduce tooth decay and improve oral hygiene should be supported particularly given the evidence that the Director of Public Health had presented. He remembered teeth being a class issue due to the expense of dental health care and we were now back in that situation with the health inequalities increasing through diet and insufficient public health interventions in schools. He stated the more that could be done to improve children's dental health the better as it was heartbreaking to see children having multiple teeth removed. He considered that the Committee should give 100% backing to the proposals and would recommend to everyone as he had water fluoridation in his area.

Councillor Hovvells indicated that this was about health inequalities and fluoridation was in some parts of the county and not others. If the Council is serious about giving young children the best start in life what better way to do it than supporting the proposals. She continued that fluoridation was cost effective and the outcomes would be better for young people this was about prevention, and they had to improve the health of children, and this was a measure to do this that was supported by the evidence, and she fully supported it and agreed with Councillor Earley.

Mrs Gott indicated that she was concerned at the cost of dental treatment for poorer families as no dentists were currently taking on NHS patients. She agreed with fluoridation but how did they follow it through with education for poorer children on advice of what food to give to children to save their teeth.

The Director of Public Health responded that the Oral Health Strategy identifies clear links to other strategies and as a local authority we were responsible for that oral health promotion and colleagues within the Integrated Care Board were responsible for commissioning dental services. In terms of fluoridation this would make a huge difference in terms of inequalities, particularly from the beginning of life and the benefit to the older population and was part of the overall approach.

The Consultant in Dental Public Health North East indicated that they were currently in the procurement process of obtaining new dental practices in the Durham area. She continued that dental treatment was free for children on the NHS and indicated that the benefits of fluoridation would be instead of a child requiring five fillings might only need to have one or two so the volume of treatment that was needed would be reduced over time with the fluoridation.

Councillor Howey stated that she agreed with fluoridation in water and would be good for everyone not just children. She indicated that tooth decay was not always

down to a poor diet and asked if they still attended schools to teach children about how to look after their teeth as they may help going forward.

The Consultant in Dental Public Health North East indicated that they have an NHS Oral Health Promotion Team that was jointly commissioned on behalf of the local authorities who go into schools, and they have a training model. As part of the school curriculum there was education built in and they train the teachers to give the key messages to children. They also have a supervised teeth brushing scheme so nursery, reception and year one the children brush their teeth on a daily basis and part of that there are conversations around oral health.

Councillor Howey referred to the training of teachers and indicated that it was a bigger impact if someone came into the school rather than put it onto teachers.

The Director of Public Health responded that this could be included in the action plan for the Oral Health Strategy and indicated that they also have school nurses as the oral health promotion was a small team and was targeting in the right way and needs to be part of the broader strategy so will pick this up and take it forward.

Resolved: (i) That the information detailed in the report and presentation be noted.

(ii) That the comments raised be formulated into a response to the Department of Health and Social Care consultation supporting the expansion of the Community Water Fluoridation scheme.

7 Pharmacy Services and the Pharmaceutical Needs Assessment in County Durham

The Committee considered a report of the Director of Public Health that provided an update on pharmacy services in County Durham (for copy of report, see file of minutes).

A Healy, Director of Public Health, C Jones, Consultant in Public Health and G Morris, Community Pharmacy North East Central were in attendance to present the report.

The report described the work of the Health and Wellbeing Board where they continue to look at the availability of pharmacy services in County Durham that was done every three years as part of the pharmaceutical needs assessment process. They monitor the ongoing changes to the availability of pharmacy services for residents that was completed by a Pharmaceutical Needs Assessment steering group that was run by Public Health.

The report also provided details of a brief overview and links to the new national pharmacy service and general issues that pharmacies were facing.

Councillor Hovvels commented that pharmacies are carrying out more services such as injections. People are unable to obtain a doctor's appointment and are using the pharmacies which was putting pressure increasing demand onto pharmacies. She had seen in her own community pharmacies going into liquidation and stated that the service was valued, and they needed to be protected. They need to do something about the financial envelope not being big enough and she indicated that they had her full support in taking this message to government. She stated that the first port of call for healthcare was often the pharmacy as you waited three weeks for a doctor's appointment. She sympathised with the problems and indicated that if there was anything the committee could do to alleviate some of the pressure this should be supported as it was about providing good quality services for residents.

The Community Pharmacist thanked Councillor Hovvels for her support and recognising that they are individual businesses. He continued that one of the challenges was referrals to pharmacies and if patients were not referred from one of the agreed services funded under the pharmacy first contract they could not access the funding. It was essential that the funding of pharmacies reflected the demand and services delivered to patients.

Councillor Earley stated that pharmacies are the most under-used resource within the healthcare system. They needed to do everything they could to protect the service as pharmacies were going to have to do more and more and they needed to make pharmacy an attractive career or they were going to lose pharmacists.

The Community Pharmacist responded that in the North East they do struggle and have a workforce crisis and to encourage pharmacists to move to the North East was difficult. He stated that pharmacists come to the North East to train then head elsewhere and stated that if they do not reward them to stay, they leave. He continued that they had just negotiated a change in the pharmacy technician role who are taking on more duties to free the pharmacist up to carry out consultations, but they needed to keep those technicians and anything they could do to encourage young people to come into the world of pharmacy should be supported.

Councillor Howey stated that GP practices were taking on pharmacies and asked if this was impacting pharmacies in the community such as taking away some of the funding.

The Community Pharmacist responded that some pharmacies were working within GP practices who were doing optimisation work who could also write prescriptions, and this would be coming to pharmacies in the community. The PCN pharmacists are taking some of the prescribing work away from GPs and carrying out the optimisation work and some GP practices own and run a dispensary such as rural areas, but other practices own a community pharmacy. He commented that the market was stable in that space, the disruption was the large distant selling

pharmacies that deliver through your letter box that was taking people away from local pharmacies.

Councillor Howey asked if the committee could write a letter to the Secretary of State asking if funding for pharmacies could be looked at.

The Principal Overview and Scrutiny Officer responded that if members wished to follow up on the concerns and comments, he could formulate a letter on behalf of the committee to be sent to the Secretary of State.

Ms McGee indicated that Healthwatch County Durham were undertaking some work on pharmacies this year and were looking at the effects of pharmacy first and how that works. She felt that pharmacies were in the firing line as the accessible face of primary care. She asked if this was a problem that was worse in County Durham or if it was nationwide.

The Community Pharmacist indicated that his personal view was that the North East and Cornwall were the two most difficult areas to recruit, Cumbria was also a challenge. If he looked at where the locum resource came from it was the bigger cities.

Councillor Haney endorsed the proposal to write a letter to the Secretary of State and indicated that he was concerned about the rise in online pharmacies and she should do everything they can to support local pharmacies.

The Community Pharmacist stated that if a pharmacy closes, they move across to the closest pharmacy and the pharmacy receives no additional funding to take on extra staff to meet the new demand. He asked when commissioning local services make the burden of how commission as light as possible as sometimes, they have to attend multiple training sessions and obtain DBS checks.

The Director of Public Health asked if a copy of the letter to the Secretary of State could be copied to the Chair of the Health and Wellbeing Board as the board has responsible for looking at the pharmaceutical needs assessment. She continued that they were working closely with colleagues across the North East and North Cumbria to look at other areas.

In response to a question from the Chair, the Community Pharmacist indicated that online medications were the same standards as a local pharmacy.

Councillor Savory asked if some literature could be circulated in poster form on the value of using pharmacies and how it impacts on the funding.

The Community Pharmacist responded that he would not be surprised if members did not see some literature coming out shortly.

In response to a question from Councillor Howey if a pharmacist would receive more money if she had been referred through the 111 service rather than walk in. The Community Pharmacist responded that if it was antibiotics, she would have ticked one of the seven boxes, but if it was say something in her eye than they would not get the referral in. He indicated that pharmacies should be allowed to see so many walk-ins as they currently carry out this service for no funding.

Resolved: (i) That the information contained in the report be noted.

(ii) That a letter be formulated and sent to the Secretary of State expressing this Committee's concerns around the inadequacies of the existing Community Pharmacy funding arrangements.

8 GP Contract Changes 2024/25

The Committee considered a briefing report from NHS North East and North Cumbria Integrated Care Board that provided details on the quality outcomes framework; Investment and Impact fund; helping practices with cash flow and increasing financial flexibilities; Improving patient experience of access (Digital Telephony); registering with a GP and Armed Forces Veterans (for copy of report, see file of minutes).

S Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB was in attendance to present the report and deliver a presentation that provided details of GP contracts 2024/25; key changes; cutting bureaucracy; cashflow and financial flexibilities; PCN staffing flexibility; support to improve outcomes; improve experience of access; Les/Liaise and how GP services are funded (for copy of presentation, see file of minutes).

Mrs Gott indicated that on the 8 February 2024 they were told that practices had to have specialist mental health practitioners and indicated that this had not been mentioned today. She had asked several professionals how this would work and if each practice would have a mental health practitioner as in her experience if they do not have this, they do not have any insight into the problems people have who have mental health issues.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that they have had specialist mental health staff in practices for a number of years. She continued that through the Additional Roles Reimbursement Scheme the government brought in a mechanism for practices to be funded for mental health staff to work within practice, but County Durham had already done this. In the South of the County these had been in place for seven or eight years and this was expanded and rolled out to the North Durham. This brought mental health expertise into the practice and make services more accessible.

Mrs Gott responded that she was aware some practices did have specialist mental health practitioners but were not replaced when staff retired.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that staff work on a rotation across a group of practices, but all have an aligned mental health worker.

Ms McGee asked if any of the contract changes would have any impact on social prescribing workers and if health checks would be included in the must do's.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that the contract does not impact on social prescribing link workers as they have a significant number employed across all their practices which remained unaffected by the new contract. In terms of health checks this was a separate contract that was a local authority responsibility. The contact was between Durham County Council, Public Health and Primary Care who work closely together to ensure that they have good take up across the population.

Councillor Earley asked what the feedback from GPs had been to the contract changes and at what point does it come back to the local authority to look at the demands on general practice provision and what was the trigger point to expand a practice.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB indicated that she was unable to speak on behalf of Primary Care but her view was that GP practices were under significant pressure and the demands for appointments was high and they would welcome the reduction in bureaucracy and reduce reporting requirements and would welcome some of the financial flexibilities. When she spoke to GPs their concern was for patients and meeting patients demands which they cannot do that as effectively as they want to. There had been a number of policy initiatives introduced which included having some extended roles within practices, but some people would always want to see a GP. In terms of demands on GP provision there was not a threshold around a practice expansion unless they apply to have their lists closed. Where practices may wish to do this and there were limited situations where this would be agreed. Practices are required to enrol patients in their population, if there was a big housing development in an area they would look to see if they needed additional GP provision and whether S106 monies could be used to secure additional practice capacity should that be were needed and procured.

Councillor Earley indicated that each planning application would have implications for healthcare demand, but any cumulative effect of several housing development

applications must be considered by existing provision and whether this needed to be expanded.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that she did know if there was a formal criterion but would consult with primary care contract experts and feed this back. She advised members that they have regular dialogue with all their practices who report their pressures on a regular basis. If practices were under regular pressures, they would go out and have a conversation with the practice and work with them.

Resolved: That the information contained in the report and presentation be noted.

9 NHS Foundation Trust Quality Accounts 2023/24

The Committee considered a report of the Corporate Director of Resources which provided members the opportunity to consider and comment on the draft 202/324 Quality Accounts for:

- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

The Principal Overview and Scrutiny Officer advised that the report introduced the draft Accounts of County Durham and Darlington Foundation Trust and Tees; Esk and Wear Valley Foundation Trust and sets out the requirements placed upon the Committee in order to respond formally to the documents.

W Edge, Assistant Director of Assurance and Compliance and L Ward, Associate Director of Nursing (Patient Safety) provided a detailed presentation for County Durham and Darlington Foundation Trust (CDDFT) and highlighted the key areas of performance for 2023/24 and proposed Quality Account priorities for 2024/25 (for copy see file of minutes).

Councillor Earley referred to the MRSA death figures in hospitals and surges through hospitals and the patient journey and seven days working which he assumed was more clinical work and not just access to services. He indicated if you were operating a hospital at those capacity levels you are going to make it harder to clean wards and the chances of picking up infections would increase with the pressure on the system.

The Assistant Director of Assurance and Compliance responded that this was a fair observation and members had heard earlier in the meeting of the alternative provision that had put into the county in terms of the people not necessarily coming into hospital. Through the local Accident and Emergency Board they were lots of conversations around this and lots of auditing and continuous improvement. He continued that the demand levels remained high and was seven days a week.

They had a business case to recruit medical staff for seven day service and recruited another eight or nine doctors that were allowing them to sustain speciality rotas at weekends. They had recognised the pressure this had put on the system for infection control and had approval to expand the infection control team so were available seven days a week to support the medical and nursing staff on site.

Councillor Howey referred to the difficult parking at hospitals and commented that Darlington outpatients was not very private, and this was concerning.

The Assistant Director of Assurance and Compliance responded that car parking was a real pressure and improvements had been made. Regarding the outpatients department at Darlington the new department would be open in December this was a short-term issue, but they take privacy very seriously and would pass on these comments.

L McCrindle, Associate Director of Quality Governance, Compliance and Quality Data and C Morton, Lived Experience Care Group Director then provided a detailed presentation for Tees, Esk and Wear Valley NHS Foundation Trust (TEWV NHS FT) and highlighted the key areas of performance for 2023/24 and proposed Quality Account priorities for 2024/25 (for copy see file of minutes).

Councillor Stubbs commented that it was pleasing to see the positive changes that had been made but there were still some serious areas that required improvement.

Ms G McGee indicated that Healthwatch County Durham had received feedback from the public that they had been discussing with the Trust and had received a strategic level of commitment to hearing the feedback and looking at improvements. She continued that what they were seeing that this was not always translated down into service provision at the moment and was the areas that they were discussing. A lot of the improvement were focused on in-patient services and asked if they could tell members about the focus on community base services and if they would receive the same level resource input.

Officers responded that the priorities were about everything proactive and over the next year this would be the real focus. The Community Transformation programme was looking at working with other partner organisations including the voluntary sector and would see some of those change bedding in across the community teams going forward.

Councillor Earley referred to the PACT meetings and how they hear about the amount of time the police deal with people in mental health crisis. He asked if there were indicators on how often these referrals come through to the system and if it was as bad as he was hearing.

The Lived Experience Care Group Director responded that it was a real challenge with regard to the response to people in crisis and indicated that a lot was

happening. There was the right care right person initiative now and forces across the country were working on getting the right person to someone in crisis. There was a dedicated team working with Durham Constabulary on the initiative.

Resolved: That the information detailed in the reports and presentations be noted and the production of responses to the Draft Quality Accounts be delegated to the Democratic Services Manager as Statutory Scrutiny Officer be agreed.