

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 13 January 2025 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee

Councillors M Johnson, V Anderson, J Blakey, K Earley, D Haney, L Hovvels, C Hunt (substitute for P Jopling), C Lines, S Quinn and K Robson

Co-opted Members

Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers

Ms C Bradbury, Healthwatch County Durham

Also Present

Councillor E Adam and Co-opted Member Mr B McArdle (Environment and Sustainable Communities Overview and Scrutiny Committee)

Members of the Environment and Sustainable Communities Overview and Scrutiny Committee had been invited to attend the meeting in respect of Agenda Item No.6 – Oral Health Promotion Strategy.

Members of the Children and Young People's Overview and Scrutiny Committee had been invited to attend the meeting in respect of Agenda Item No.6 – Oral Health Promotion Strategy, Agenda Item No. 7 – NHS Dentistry Update and Agenda Item No. 8 – Director of Public Health Annual Report 2024.

1 Apologies for Absence

Apologies for absence were received from Councillors R Crute, J Higgins, J Howey, P Jopling, A Savory, M Simmons and T Stubbs.

Apologies for absence were also received from Healthwatch County Durham Project Lead, Ms G McGee.

2 Substitute Members

Councillor C Hunt was in attendance as substitute Member for Councillor P Jopling and Ms C Bradbury was in attendance on behalf of Healthwatch County Durham.

3 Minutes

The minutes of the meeting held on 18 November 2024 were confirmed as a correct record and signed by the Chair, subject to it been noted that Councillor Haney was in attendance for the Winter Planning Assurance 2024/25 item.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Oral Health Promotion Strategy

The Committee received a presentation from the Director of Public Health on the Oral Health Promotion Strategy which provided a data summary and details of the oral health in children in County Durham; County Durham's oral health promotion strategy 2023-2028; supervised toothbrushing in County Durham; oral health strategy action plan; community water fluoridation and the next steps (for copy of presentation, see file of minutes).

Councillor Hovvells indicated that water fluoridation in the water was important and stated that it was an inequality right across the area as not all water within County Durham contained fluoride. She continued that she was interested in the outcome of the bid to the ICB investment board for funding to extend and expand local delivery and the timeframe and type of investment.

The Director of Public Health responded that in terms of inequalities community water fluoridation was not right across the County. The Council was waiting for the outcome of the Government consultation on the potential extension of the Community Water Fluoridation from the DHSC. The outcome of the ICB bid was imminent but they were also looking to see if there was anything else that could be done locally to extend and expand local delivery such as the supervised toothbrushing scheme.

Councillor Quinn raised concerns with regard to NHS dental appointments and difficulties registering children with an NHS dental practice. She stated that when

she was a child water contained fluoride, and you drank water and questioned how many children actually now drink water from the tap.

The Director of Public Health responded that dental access would be covered under the NHS Dentistry Update. She continued that they were doing everything they could in terms of oral health promotion alongside Dentistry service access issues. They would like to see some of the oral health promotion work in early years extended to mitigate against the suspension of the supervised toothbrushing scheme during COVID. The Director of Public Health reiterated the importance of extending community water fluoridation to ensure that oral health inequalities were eradicated across County Durham and the wider North East. She stated the introduction of high fat, salty and sugary foods which are cheaper and more accessible than healthy food was exacerbating poor oral health. This was why the strategy could not sit in isolation it needed to sit alongside the work carried such as healthy weight strategy and work on high energy/fizzy drinks.

Councillor Quinn stated that the interventions in schools do work.

The Director of Public Health indicated that free toothbrushing packs were distributed at family hubs to make it as easy as possible.

Councillor Hovvels referred to the work carried out in Shildon around sugary drinks and asked the outcomes from this research.

The Director of Public Health responded that this work had helped to reform the policies that they were looking at locally in terms of the restriction of advertising high energy drinks. The research helped to inform some of the national discussions in terms of advertising and healthy weight as it was a published piece of work.

Councillor Lines referred to the data relating to children's oral health and asked how robust the data was as he was concerned that people were ignoring issues and using over the counter painkillers as an alternative treatment where dental appointments were unavailable.

The Director of Public Health indicated that whilst the quantitative data was robust the service needed qualitative data to sit alongside this. She stated that this may be something that they look at as part of the strategy and get an understanding from local residents.

Councillor Lines stated that the reality was that there was a much bigger problem.

The Director of Public Health responded that their concern was the existing oral health inequalities and that was why the Oral Health Strategy was so important.

Councillor Lines asked if they encouraged people to speak about the issues and not ignore them.

The Director of Public Health stated that Healthwatch had undertaken an extensive piece of work on dental access and would recirculate the findings from this work.

Healthwatch County Durham confirmed that they had nearly 4,000 responses across the North East and Cumbria.

Councillor Adam referred to the consultation with the Health and Wellbeing Board and the Children and Young People's Overview and Scrutiny Committee, but no consultation was held with the Environment and Sustainable Communities Overview and Scrutiny Committee notwithstanding that adding anything to the water had an environmental impact. He stated that he was not against fluoridation in the water and referred to research in America and stated that it was a toxin material and adding a toxin to a water supply was going to have an impact on the environment and the health of human beings. He continued that it was not to help human growth and was for help with oral health and asked how fluoridation could reduce tooth decay when we already had a supervised toothbrushing scheme and widespread fluoride toothpaste usage.

Councillor Adam also asked what evidence suggested that people were drinking tap water rather than bottled water and if more people consumed bottled water how would water fluoridation impact on levels of tooth decay?. He asked for the timescales for introducing fluoride into the water system. He also questioned the strong scientific evidence that water fluoridation was an effective public health intervention stating that some reports from the European Union and the Communities Health and Environmental Risk Committee who looked at the risks had stated that a large proportion of the European countries don't have fluoridation in the water supply due to health concerns. He stated that there was a risk if you get too much fluoride and asked how this was controlled and that 80% of five-year-olds were using fluoride toothpaste and mouthwash and asked about the impact of over provision of fluoride.

The Director of Public Health responded that in terms of the consultation the Health and Wellbeing Board oversaw the Oral Health Strategy and was the Board to formally respond to the consultation. It was also opened out to the Adult's Wellbeing and Health Overview and Scrutiny Committee and Children and Young People's Overview and Scrutiny Committee and stated that a joint Health and Wellbeing Board and Environment Partnership development session would be held in April that could look at some of the issues and advised that the consultation also went out to others to respond to. She continued that they do have an existing community water fluoridation scheme in some parts County Durham that had been in place since the 1960's that was safe, effective and was highly regulated. Fluoride was a naturally occurring mineral, hydrofluoric acid which was the chemical that was regulated and approved nationally for that use. From an environmental point of view the carbon footprint of dental care if this can be reduced further it outweighs the impact in terms of environmental impact. From an

evidence point of view, an evidence briefing was produced which looked at national and international evidence and believed that fluoridisation was a cost-effective intervention from a public health and inequalities perspective. The government was looking at the evidence and it was a Department of Health decision whether to extend fluoridation. She stated that the fluoridation in the American study was at a higher level than that proposed for the North East.

Councillor Adam referred to the inequalities and stated that he did not see in the 2023 strategy that they were tackling the dietary issues. He had watched a programme on healthy eating for children and additives added to make the food more appetising and encourage children to eat more of it. This had a greater impact causing tooth decay and stated that he was pleased to hear that they were carrying out tooth brushing and asked why the strategy does not focus on dietary habits and not consuming sugary drinks.

The Director of Public Health stated that they needed multiple interventions in terms of inequalities. She continued that this strategy sits under the joint health and wellbeing strategy and their core priority was around healthy weight and a high focus on good food in terms of a sustainability and an access point of view. They measure children and have a high level of children who are overweight and have an extensive range of interventions. They have an existing policy around takeaways in close proximity to schools and advised Members that a report on child obesity would be going to the next Children and Young People's Overview and Scrutiny Committee and they may bring a report to this committee to show the work in relation to food and physical activity.

Councillor Robson stated that other countries don't have issues accessing dentists, but you can't access an NHS dentist in towns and referred to the successful stop smoking campaign and asked if something similar could be done for teeth cleaning.

The Director of Public Health referred to the joint work and communication was important and linking to some of the community organisations would be a good way forward and stated that dental health had improved over the years.

Councillor Hunt asked around the data for the enforcement in relation to the supply and purchasing of energy drinks.

The Director of Public Health stated that she would take this back to the community protection team and obtain details of the programme.

Councillor Hovvells stated that test purchasing was in place, and they do target areas.

Resolved: That the contents of the presentation be noted.

7 NHS Dentistry Update

The Committee received a presentation from the Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning, County Durham Care Partnership/Durham County Council which provided an update on NHS Dentistry.

The presentation also provided a summary overview of NHS dentistry; NHS commissioned capacity; urgent dental care services in County Durham; significant challenges to people accessing dentistry in North East and North Cumbria; national dental recovery plan; local approach to tackling challenges; local actions undertaken; oral health initiatives and next steps (for copy of presentation, see file of minutes).

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning advised Members that urgent dental access centres had been commissioned in County Durham, the locations were to be confirmed.

Mrs Gott asked when the new services were available if leaflets could be placed in GP practices.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that leaflets could be provided to GP practices and the information shared with care navigators in GP practices.

Councillor Hunt asked how often the information provided to 111 was updated and advised that one of her constituents was provided with contact details for dentists who all turned her away, so the information provided was incorrect.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning advised that she would follow this up and advised Members that it was up to dentists to update if they were accepting patients and prioritising their capacity.

Councillor Anderson referred to the COVID era and some people in her division who were unregistered from practices for non-attendance and were now struggling to access a dentist.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that COVID was just one factor, and all factors have put greater pressure on services.

Councillor Anderson asked how they could encourage dentists once qualified to remain in the NHS.

Councillor Hunt stated that tooth decay was linked to bad food choices as a result of deprivation.

Councillor Adam referred to the difficulty obtaining an emergency dental appointment and provided an example of where they provided antibiotics for an abscess but would not treat after the abscess had gone due to the dentist not taking on any more NHS patients.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning stated that it was helpful for Members to share their experiences with her so that she could pass these onto the team and impact on change.

Councillor Hunt stated that any other severe infection you would be admitted into hospital. People could die from gum infection who were not getting treated.

The Chair stated that GPs were not allowed to treat dental problems due to medical indemnity.

Councillor Hovvells stated that people are confused on who to contact.

Councillor Hunt stated that if you have an infection you can go to a pharmacy for antibiotics but when it was oral no one would help other than a dentist.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that the longer-term work would help but the reality was that currently there were challenges experienced in terms of the provision of and access to NHS Dentistry services local, regionally and nationally.

Councillor Robson reiterated members' concerns around the absence of an accessible NHS Dentistry service and the potential impact that this would have on wider health and wellbeing of the local community.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning referred to the national actions and stated that the government were reviewing this and had come out with a number of points such as more work force and attract dentists and reviewing the national contract. She stated that nationally it was recognised as a problem.

In response to a further question from Councillor Robson, The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning stated that the number of training places in dental schools had been extended to attract more people into dentistry but stated that many dentists had chosen to work in private practice.

Councillor Hovvells referred to dental nurses and what investment had gone into this and what changes would they see in the near future.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that there was a dental workforce plan. She would bring a briefing report back to the committee on dental workforce.

Councillor Hunt referred to the shortage of dentists but if you say you are private you can get into the practice and stated that it was more about the money.

Councillor Anderson asked what happened to dental hygienists.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning would bring this back as part of the briefing.

Councillor Quinn expressed concern that people were self-caring and pulling their own teeth out and stated that they as much as possible needed to be done to ensure that NHS Dental services were available across County Durham.

The Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning responded that she was keen to have conversations about disseminating information into the community.

Resolved: That the contents of the presentation be noted.

8 Director of Public Health Annual Report 2024

The Committee received a joint report of the Corporate Director of Adult and Health Services and Director of Public Health on the 2024 Annual Report of the Director of Public Health for County Durham (for copy of report, see file of Minutes).

The Director of Public Health provided a detailed presentation on the Public Health County Durham Annual Report 2024 which focused on the following areas:

- Highlighted Health of our People
- Future Health of our People
- Health and Social Care
- Healthy Behaviours
- Wider Determinants of Health
- Recommendations and Conclusion

Councillor Hunt welcomed all the work that had been done on the smoking and referred to pregnant mothers who were smoking. She asked if the advice and

solution was offered to all pregnant mothers as sometimes, they don't admit that they are smoking.

The Director of Public Health responded that they had appointed an inequalities midwife who works in the local trust and regionally, so it was underway and stated that she was making a real difference.

Councillor Earley raised concerns around adopting a policy of targeting interventions in certain areas which may lead to an unintended levelling down of health inequalities. He then referred to social prescribing and stated how difficult it was to maintain a viable list that was ad hoc and could be done better.

The Director of Public Health responded that universal work on oral health that may be fluoridation across the whole county and then some targeted work in terms of interventions. She referred to mothers smoking at time of delivery and stated that they wanted every single mum to have that interaction but where they had areas with 33% of mums smoking, they needed to do something more intensive in that area. With regard to social prescribing, they were working hard to update the community book that would have details of local groups and interventions in place, it often comes down to having good relationships locally with the local social subscribing link worker who should also be reaching out into the local areas. If this was not happening, then this would be looked at.

Ms A Stobbart stated that they are wanting people to change their behaviour in a community setting and stated that someone could recognise that and have that conversation. She then referred to social housing providers who would be willing to have those conversations with customers at the right time.

The Director of Public Health responded that they had a training programme that was to make every contact count, she would check to ensure that it was reaching out to housing colleagues.

Councillor Quinn referred to the wellbeing for life programme that was excellent and was working in communities. She then referred to nitrous oxide, drugs and vapes that contributed to most of the issues in communities and stated that more needed to be done around this.

The Director of Public Health responded from a drugs point of view they had just received confirmation that funding from Dame Carol Black "From harm to hope" initiative had been confirmed for the future which was additional funding to the core drug and alcohol contract. They were working closely with the Police and Crime Commissioner and Durham Constabulary on the nitrous oxide and vapes. She stated that they had to be careful due to the benefits that vapes offer to adults to help them to stop smoking as they were safer than cigarettes, but they did not want young children to start vaping and it to be marketed in that way. She continued that they had just put out a survey to young people around vaping and were currently

analysing the results that would go back to the Health and Wellbeing Board but could bring the results also back to this committee.

Councillor Adam commented that the theme from today was deprivation and the impact on health and stated that slow progress has been made. He stated that it was about investment in County Durham and that this was the only way to see improvement.

Councillor Lines referred to the figures on the future health of residents that were stark and scary. He was conscious that public health practitioners have a lot on their plate to address some of the challenges and asked what more the Council and partners could do.

The Director of Public Health responded that they were looking at housing, planning and the economic point of view and a development session would be held initially with the Health and Wellbeing Board in February then the Health and Care Partners then a Joint session with the Environment partnership.

Councillor Anderson referred to the healthy behaviours section of the report and mental health and wellbeing and stated that the mental health services in County Durham were stretched and were always the poor relations who were underfunded and understaffed. She continued that mental health referrals were on the increase and one in six children and young people have a mental health condition and stated it was around signposting for these people and timely access for the right treatment and stated that unfortunately in County Durham CAMHS waiting lists are high. She asked what work was being done to reduce waiting lists and the retention and appointment of staff.

The Director of Public Health responded that they were carrying out some joint work looking at mental health and bringing things together.

Councillor Hovvells referred to link workers and stated that not all link workers reach out and stated that more work needed to be carried out around this. She then referred to rural communities and she had some concerns and did not want these communities to be forgotten.

Councillor Robson stated that he was concerned about some of the information provided in relation to 2040 and new diseases and issues. He provided an example of people who worked in the pit and how the impacts of cannabis could be one of the diseases in the future and asked for more information on what they are expecting.

The Director of Public Health responded that the legacy from the mining industry people did not understand the health risks and the impact of that was now coming to an end. The newer issues such as access to unhealthy food not been able to do as much physical activity, drinking too much and smoking that are addictive and

access to drugs these are the things that lead to the projections becoming a reality. These are the things that they can do now to avoid those 2040 projections coming to bear. The third part of the report about starting to look at actions are the things they need to do to mitigate those projections.

Councillor Hunt referred to the gap between mental health and drug services and how people were self-medicating with street drugs. She stated that the drug and alcohol services won't take people with a mental health issue that was not been treated so they were in a circle and asked what they were doing to address this.

The Director of Public Health stated that she would take this away and get back to Councillor Hunt.

Resolved: That the Director of Health Annual Report 2024 be noted.

9 Durham Safeguarding Adults Partnership Annual Report 2023/24

The Committee received a report of the Durham Safeguarding Adults Partnership Independent Chair that presented the Annual Report for 2023/2024 of the Durham Safeguarding Adults Partnership (DSAP), which provided assurance of the safeguarding adults activity across County Durham (for copy see file of Minutes).

The Durham Safeguarding Adults Partnership Business Manager was in attendance to deliver the report.

Councillor Quinn thanked the Officer for looking into the safeguarding issues on people living on their own and the vulnerable.

In response to a question from Councillor Earley, the Business Manager indicated the following on from the high profile exposes that happened many years ago in other parts of the country they ended up with Transforming Care. Transforming Care from an NHS perspective was predominantly around people being placed some distance from their home in an "out of area placement". The partnership has had for a number of years some assurance around transforming care and what that means if they are placed in our county or out of county. Some elements of that were now picked up within local authority assessment under the Care Quality Commission whilst others were picked up under the assurance role of the safeguarding adult's partnership in terms of reporting. For a number of years, they have had regular updates on who had been placed outside the area from the local authority and the oversight of those adult's placed elsewhere.

The Safeguarding Adults Business Manager provided members' assurance that mechanisms were in place to ensure that information and soft intelligence was shared between the Council and Partners where concerns were highlighted in respect of quality of care. The expectation was that agencies could collect and share that information with the local authority to ensure service standards were

maintained. The Partnership received information updates which identified the potential need for interventions should concerns arise around safeguarding. They have updates pre and post local authority assessment from the care quality commission.

In response to a further question from Councillor Earley, the Business Manager stated that there was a national working group around the prevention of institutionalised abuse and the development of service standards which would tackle this.

Councillor Hunt referred to vulnerable adults been used by drug gangs and asked if they have a lot of referrals and what the process was.

The Business Manager responded that children who can be criminally exploited sit within the safeguarding children's partnership although work was done with the Safeguarding Adults Partnership during the transition from childhood to adulthood. The Safeguarding Adults Partnership had not received reports of drug exploitation specifically but were aware of the risks posed in terms of financial abuse, modern slavery linked to drug and substance misuse. Incidents of home invasion had also been reported and members were assured that the Partnership undertook regular audit activity and case working to address such issues.

The Partnership was currently working on engaging with adults who may be at risk or experiencing such issues and were hoping to develop an associated "toolkit" in this respect later in the year.

The Chair referred to SARs and asked if the training was optional or mandatory.

The Business Manager responded that the review training was not mandate but was open to all partners of the board.

Resolved: (i) That the Durham Safeguarding Adults Partnership Annual Report suite for 2023/2024 the progress made by the Partnership be noted.

(ii) That the future work of the Durham Safeguarding Adults Partnership be noted.

10 Quarter 2 2024/25 Forecast of Revenue and Capital Outturn

The Committee received a report of the Corporate Director of Resources that provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2024 (for copy of report, see file of minutes).

The Principal Accountant (Resources) was in attendance to present the report and deliver a presentation that provided an overview of 2024/24 Quarter Two Revenue

Forecast Outturn and Variance Explanations and 2024/25 Quarter Two Capital Position (for copy of presentation, see file of minutes).

Resolved: That the information detailed within the report and presentation be noted.