HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 15 July 2014.

PRESENT: Councillors Dryden (Chair), Biswas, Hubbard and N J Walker (as substitute for Councillor M Thompson).

OFFICERS: J Bennington, J Bowden, E Kunonga and E Pout.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Davison, Hussain, Mrs H Pearson and M Thompson.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

1 **MINUTES-HEALTH SCRUTINY PANEL 23 JUNE 2014**

The minutes of the meeting of the Health Scrutiny Panel held on 23 June 2014 were submitted and approved as a correct record.

2 **PUBLIC HEALTH COMMISSIONING**

In a report of the Scrutiny Support Officer the Panel was reminded of a presentation given by the Executive Director of Commercial and Corporate Services which outlined the Change Programme process. As Phase 2 of the programme was commencing it had been agreed that the various scrutiny panels should be involved in order to be able to understand, influence and challenge the process.

A number of projects had been outlined for each of the Panels and for the Health Scrutiny Panel the topics of Public Health Commissioning about shaping services and Mental Health Services had been identified.

In order to assist with the Panel's awareness of the topic the Assistant Director Improving Public Health and Director of Public Health in Middlesbrough had been invited along with Commissioning Managers to provide an overview of the current situation in Middlesbrough and of current challenges and how the Panel could be involved in the Change Programme.

A briefing note from the Department of Health was provided at Appendix 1 of the report submitted which outlined the commissioning responsibilities of the Local Authority.

By way of background and supporting information the Assistant Director Improving Public Health and Director of Public Health gave a PowerPoint presentation which focussed on an update of health and well-being issues, transfer of public health responsibilities and finance, and public health commissioning intentions for 2014/2015.

Statistical information was provided from the Middlesbrough Joint Strategic Needs Assessment and the Health and Well-Being Strategy which demonstrated an upward trend of life expectancy rates for both male and female in Middlesbrough although the gap between England rates remained the same as in the case of many other local authorities. In comparison with the North East and Cumbria it was noted that Middlesbrough had the lowest life expectancy rates for both male and female including Hartlepool which had similar levels of deprivation. It was recognised that there was much to do to raise the level of life expectancy to those of others in the North East and Cumbria. Another challenge was noted in relation to the differing life expectancy rates between the most affluent and most deprived areas in Middlesbrough and the need to tackle such inequalities.

Graphical information was provided which identified the four main contributors to low life expectancy in relation to circulatory, cancer, respiratory and digestive diseases in comparison with UK figures. In terms of females the main gap between the UK figures related to cancer, in particular, lung cancer and it was noted that in comparison to elsewhere there was a higher

suicide rate in Middlesbrough with regard to males aged between 30 and 50 years. The trend over recent years had been for more preventative work to be undertaken in relation to offering support to those trying to stop smoking and around mental health issues. It was recognised that many people with mental health problems had serious illness at a younger age often as a result of lifestyle issues but also having difficulty in accessing services and having a lack of appropriate support. Specific reference was made to the collaborative work undertaken by the Suicide Prevention Task Force across Teesside including representatives of the Police, voluntary and community sector, mental health and prison services and the development of a suicide prevention action plan a copy of which could be made available to the Panel when completed. It was noted that since 1997 a database had been established and there had been 940 suicides across Teesside, those relating to Middlesbrough were currently being analysed in order to identify age profile, any patterns and prevailing tendencies.

The presentation included a summary of the Middlesbrough Health Profile 2013 which identified figures which were significantly worse or better than the England average and where there was no great difference. From such information it was noted that the figures in respect of road traffic injuries were significantly better which was considered as a result of a combination of factors including local authority measures.

The Panel was reminded of the public health responsibilities which had transferred to local authorities in April 2013 together with the Public Health ring fenced budget for 2013/2014 (£15.9 million) and 2014/2015 (£16.4 million). The Panel noted with some concern that information regarding the levels of funding beyond 2014/2015 was still awaited and not likely to be received until much later. There was also a concern that should the ACRA formula based on issues such as preventative deaths be implemented the level of funding would be much reduced. The Panel was advised that some local authorities, especially in the North East, had expended more financial resources than others and that PH England may redistribute grant resulting in a shift away from Middlesbrough. This was seen as a retrograde step given local circumstances and challenges and the beneficial work which was being pursued. It was agreed that the lack of uncertainty regarding future funding made it very difficult in determining commissioning intentions.

From the outset and as previously agreed any public health programme should be geared towards the most deprived and to areas of greatest need. In terms of public health commissioning the Panel's attention was drawn to the Middlesbrough Joint Health and Wellbeing Strategy.

Confirmation was given of current contractual mandated public health commissioning responsibilities of £11.9 million in respect of:-

(a) Teesside wide contract with regard to sexual health services-contract subject to renewal in 2016;
(b) ensure plans are in place to protect the health of the population-delivered jointly with Public Health England;
(c) provide Clinical Commissioning Group with public health advice;
(d) National Child Measurement Programme- contract subject to renewal in 2015;
(e) NHS Health Check Assessment.

In terms of the Panel's input with regard to above it was suggested that further information be sought on the current status and impact of (a) and (e).

Following Members' questions an assurance was given that arrangements were in place with NE Public Health England to deal with major incidents such as last year's measles outbreak. It was reported that the programme to increase MMR vaccination take up had worked well.

The Panel's attention was drawn to the Local Authority Public Health responsibilities in respect of the following:-

(i) tobacco control and smoking cessation services;
(ii) alcohol and drug misuse services;
(iii) public health services for children and young people aged 5-19;

(iv) interventions to tackle obesity - nutrition and physical activity initiatives;
(v) public mental health services;
(vi) dental public health services - oral health improvement;
(vii) accidental injury prevention - adults and children.

The Panel reiterated their support to smoking cessation services returning in East Middlesbrough community. Members were advised of details of the alcohol and drug misuse services and noted in particular the significant efficiency savings which had been achieved of 16% as a result of moving to a new model of services. In commenting on finding suitable location of services across the Town it was confirmed that it included Doxford Community Centre in Hemlington, Lodge in Grove Hill, residents hub in Thorntree and utilising neighbourhood housing offices.

The Authority's Public Health responsibilities were noted as follows:-

(a) population interventions to reduce and prevent birth defects;
(b) behavioural and lifestyle campaign to prevent cancer and long-term conditions;
(c) local initiatives on workplace health;
(d) supporting, reviewing and challenging delivery of key public health funded and NHS delivered services for example immunisation and screening;
(e) local initiatives to reduce excess deaths as a result of seasonal mortality;
(f) dealing with health protection incidents, outbreaks, and emergencies;
(g) public health aspects of promotion of community safety, violence prevention and response;
(h) public health aspects of local initiatives to tackle social exclusion;
(i) local initiatives that reduce public health impacts of environmental risks.

In discussing joint working arrangements with specific regard to smoking cessation services and alcohol and drug misuse services it was acknowledged that it was very difficult to quantify the successful outcomes especially in the short term. Specific reference was made to joint working in relation to the police, probation and Safer Middlesbrough Partnership.

Given the increasing demands as a result of the current economic circumstances and the importance of the preventative agenda the Panel discussed the potential benefits and possibility of subsidising physical activity initiatives such as free swimming in collaboration with schools which could be targeted towards certain groups of the population.

The Panel's attention was drawn to the commissioning intentions for 2014/2015 which included the following and updates on which could be made available to the Panel:-

(a) recurrent commitments which included lifestyle and behaviour modification programmes;
(b) re-profiling the public health budget;
(c) commissioning and procurement of new services;
(d) developing commissioning and delivery models.

Following service reviews and decommissioning of existing providers the Panel was advised of the intention for new services to be procured in 2014 /2015 in respect of:-

(a) finalising specification aiming for June 2015 for school nursing service including NCMP follow up;
(b) new service in place for specialist community stop smoking services which was being monitored;
(c) new service linked with services at James Cook University Hospital for 1 April 2015 in respect of infant feeding and peer support;
(d) Tier 2 weight management service;
(e) young persons and adult service in James Cook University Hospital (at risk YP/Substance misuse adults).

Members supported the ongoing discussions with schools in an endeavour to seek match funding for public health initiatives to improve the health of children.

An indication was given of a number of pilot programmes and projects to be commissioned in 2014/2015 in relation to:-

(i) Healthy living GP practice - applying the lessons from the Healthy Living Pharmacy programme;
(ii) Healthy and well-being community hubs;
(iii) access to healthcare for the homeless;
(iv) social prescribing model for Middlesbrough - working closely with the CCG, VCS and other providers (LTCs and mental health issues);
(v) prevention and early intervention for adult social care.

The factors to be taken into account with regard to future planning included the following:-

(a) impact of the austerity measures on wider council services that contribute to public health outcomes;
(b) reprofiling of the public health budget to ensure investment is targeted at priority areas;
(c) ensuring value for money and focus on outcomes for public health commissioned services;
(d) current uncertainty on 2015/2016 allocation.

Although recognising the difficulties Members emphasised the importance of tracking outcome measures and analysing those initiatives which worked well and to be encouraged and to identify less successful initiatives to ensure that the right people had access and/or received appropriate services. Specific reference was made to assistance gained from both Teesside and Newcastle Universities in this regard.

Members discussed the potential of the Panel's involvement with regard to the Change Programme. Whilst it was recognised that the Panel could be kept informed and given updates on key milestones of public health initiatives as and when considered appropriate it was suggested that the Panel could assist to a certain degree in a more proactive manner in ensuring that the most appropriate schemes were being pursued and promoted. As part of such work reference was also made to the opportunity for the Panel to examine how Teesside wide initiatives such as sexual health services applied in Middlesbrough. Reference was also made to the potential of the Panel's input with regard to the consultation plans of the review/renew process of public health commissioning.

AGREED as follows:-

1. That a report of the Health Scrutiny Panel be compiled on the observations of the Panel as outlined.

2. That included within the Panel's recommendations a letter be forwarded to North East Public Health England with a view to seeking an early decision about the allocation of funding beyond 2014/2015 and making a case for continued level of funding in support of important current and proposed public health initiatives to tackle the health inequalities specific to Middlesbrough.

2. That a copy of the Suicide Prevention Action Plan be made available to the Panel when completed together with other updates on public health commissioning as referred to above.

3 **OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel Members were advised of the key matters considered and action taken arising from meetings of the Overview and Scrutiny Board held on 1 July 2014.

NOTED