

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 30 June 2015.

PRESENT: Councillors E Dryden Chair), Councillors J G Cole, S Dean, C Hobson, B A Hubbard and T Lawton and J McGee

ALSO IN ATTENDANCE: Councillors, R Arundale, J Goodchild, A Hellaoui, T Higgins and G Purvis
C Blair, Associate Director of Commissioning, Delivery and Operations, South Tees Clinical Commissioning Group
J Stevens, Commissioning and Delivery Manager, South Tees Clinical Commissioning Group

OFFICERS: P Duffy, E Kunonga and E Pout

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors P Purvis and Rathmell.

DECLARATIONS OF INTERESTS

There were no declarations at this point in the meeting

15/1 APPOINTMENT OF VICE-CHAIR

Nominations were sought for the appointment of Vice-Chair of the Health Scrutiny Panel. Councillor Biswas was nominated and seconded and, therefore, appointed as Vice-Chair of the Health Scrutiny Panel until amended by Council.

ORDERED that Councillor S Biswas be appointed Vice-Chair of the Health Scrutiny Panel until amended by Council.

15/2 MINUTES - HEALTH SCRUTINY PANEL - 16 MARCH AND 7 APRIL 2015

The Minutes of the meetings of the Panel held on 16 March and 7 April 2015 were submitted and approved as correct records.

15/3 HEALTH IN MIDDLESBROUGH – OVERVIEW AND DISCUSSION

This being the first meeting of the Panel in 2015/2016 and because there were several Members who were new to the Council, the Scrutiny Support Officer presented a report which outlined presentations to be made at today's meeting.

By way of background the following documents had been circulated:-

- Health Scrutiny in Middlesbrough
- Middlesbrough Health Profile 2015 - Public Health England
- A Councillor's Guide to the Health System in England - Local Government Association
- NHS Five Year Plan – Executive Summary
- Local Authority Health Scrutiny Guidance - Department of Health
- Glossary of Terms

A number of presentations were then made.

Health Scrutiny in Middlesbrough - Elise Pout, Scrutiny Support Officer

This presentation outlined the underlying principles for Health Scrutiny; legislation and guidance; and the respective powers and duties of Local Authorities' and relevant Health Service Providers.

The presentation also outlined how the NHS is funded; how the various elements link together and how people can influence their health and social care services.

Good working relationships existed with colleagues in health and protocols were in place to ensure partners were aware of their respective responsibilities.

With regard to the Panel's power to refer issues to the Secretary of State, the Chair said that this power had been used on occasions. Examples included the proposed transfer of staff and services from South Tees to North Tees and the relocation of the Ambulance Service from Middlesbrough to Tyneside. Both of these issues had been referred to the Secretary of State.

The Chair thanked the Scrutiny Support Officer for her informative presentation.

Middlesbrough's Health Profile - Edward Kunonga, Director of Public Health

The Director of Public Health advised that the Health and Social Care Act 2013 had distributed functions previously undertaken by Primary Care Trusts between NHS England; Clinical Commissioning Groups (CCGs) and Local Authorities. Local Authorities were now responsible for public health, with support from Public Health England

There was consensus around there being three broad factors that impact on people's health and well being, namely:

- Social factors - where people were born; their employment prospects; education; access to quality housing, etc.
- Lifestyle risk factors - including the level of exercise; type of diet; alcohol consumption and any substance misuse.
- Access to effective health care

Not only was there a stark difference in the life expectancy of people in Middlesbrough, compared to the national figure - there were also marked variations between different wards.

The Service's Annual Report would be published shortly and would include a focus on mental health, as this tended not to receive the same attention as physical disabilities.

Public Health England had recently reduced budgets by a total of £200 million. This would be challenging for Middlesbrough and other Local Authorities – particularly as contracts had already been signed with providers.

The Chair commented that in some parts of the country the "worried well" would, effectively, self-admit, whereas in Middlesbrough many people would struggle on.

In response to comments by Members, the Director said that:-

- greater emphasis would be given to public health in schools. The difficulty was that schools did not consider it their core business. His argument would be that if pupils were healthy, this would be reflected in their performance academically.
- he was mindful of the effect of boundary changes, which could make it appear that health in some wards was improving, when it was not. The aim would be to ensure that public health levels in the more affluent wards were replicated across the town. Only by achieving this would the gap with other parts of the country be closed.

A Councillor, who was also on the Council's Licensing Committee, referred to the fact that "health" was not part of the licensing objectives. He hoped that the Panel would support the Committee on this. The Chair indicated this would be so.

The Clinical Commissioning Group's perspective - Craig Blair, Associate Director of Commissioning, Delivery and Operations, South Tees CCG and Julie Stevens, Commissioning and Delivery Manager, South Tees CCG

The priority of the CCG is to buy services that meet the health needs of the local population.

It commissioned routine health care from hospitals locally. More specialist services were commissioned by NHS England.

There were a number of ways that people could influence health and social care services. For

example, 46 GP Practices had Patient Participation Groups and the CCG had a similar Group, which included 6 members of the public. A Member commented that the Group that she was on was not aware of the existence of the CCGs Patient Panel. Mr. Blair undertook to arrange for the Patient Panels to be notified of meetings of the CCG Patient Panel and to receive Minutes of those meetings.

There were diverse needs in our area. Sometimes people in areas of deprivation did not access services in a planned or timely way, thereby impacting on the likelihood of a good outcome.

It was crucial that the CCG targeted resources more effectively – concentrating on making services more accessible. The Improvement Programme had highlighted that some care for people who had suffered strokes was not appropriate.

There needed to be a shift towards rehabilitating people in their own home, where possible, rather than them staying in a community hospital. This would lead to better outcomes.

The system needed to be simplified, particularly around the structuring of urgent care services.

The CCG was working closely with partners to move resources by introducing more planned care. If people could be moved from complex pathways (which often culminated in them being in residential care) this would free up resources for the CCG and the Local Authority.

The Better Care Fund (designed to lead to closer integration between health and social care) was being used to raise people's awareness and to introduce a SPOC - single point of contact.

Other initiatives included "The Deep End", which was targeting resources to GP Practices in the most deprived parts of the town and "Care Start - mental health services for young people.

A Member commented that, whilst it is good that services were becoming closer to the people, some would be reluctant to access them. Mr. Blair said evidence showed that young people were more willing to access the services available.

Members also felt that professionals should link in with Family Fun Days held throughout the town.

15/4

SETTING THE PANEL'S WORK PROGRAMME 2015/2016

The Panel considered a report by the Scrutiny Support Officer which provided them with a range of information, extracted from various sources, to assist in the consideration of suitable topics for inclusion in the Panel's Work Programme.

The Chair stressed that there must always be an element of flexibility in the Programme to take into account changed circumstances/new initiatives. Therefore, whatever Work Programme the Panel decided upon need not be *set in stone*.

The Scrutiny Support Officer updated the Panel on a recent development with regard to seven day working.

The Panel had found that the system worked well. However, NHS England had said that they were not happy with the arrangements.

Correspondence had recently been received from a local practice concerning the difficulties that would be faced if NHS England's suggested approach had to be implemented. The Chair suggested NHS England be asked to talk about 7 day working and the implications of this.

The Scrutiny Support Officer added that the review of Neurological Services would be carried on from 2014/2015. This was due to be considered further at the meeting on 14 July 2015.

The following comments were made:-

- The Chair stated that, given the high number of topics that the Panel could consider, the key would be for it to focus on a relatively small number of issues, where it could help to make a difference.
- There should be an update on the financial pressures that the NHS faced. This could include what is being done to bring down the cost of hiring agency nurses. The NHS could be asked about the Cost Improvement Programme and the effect that this was having on services. The conversation needed to be around patient safety.
- The CCG should be asked for its response to the regulatory action by Monitor. (Suggested this be considered early in the Work Programme).
- An update on the transfer of public health functions to the Local Authority should be combined with an examination of health inequalities and links to health and social care integration. (Suggested mortality rates could be picked up as part of this and be considered at a one-off meeting with the Director of Public Health and CCG Representatives).
- Discharge arrangements around the pharmacy service at James Cook University Hospital should be considered. (This should be as part of consideration of the winter planning arrangements).
- In view of the Mayor's aim of making Middlesbrough a dementia friendly town, dementia should be a topic and, from this, the Panel could decide on particular areas to scrutinise. (This should consider what improvements have been made since the last review and as a result of The Dementia Collaborative).

ORDERED:

a) That the Panel's Work Programme for 2015/2016 comprise the following topics:-

- Neurological Services (carried forward from 2015/2016)
- Seven day working and the implications of this
- Financial pressures on the NHS (What is being done to bring down the cost of hiring agency nurses?; the Cost Improvement Programme and the effect that this was having on services. Are these pressures impacting on patient safety?)
- The CCGs response to the regulatory action by Monitor
- Public Health update/health inequalities/health and social care integration
- Discharge arrangements related to the pharmacy at James Cook University Hospital
- Dementia (overview initially - then drill down)

b) That the Scrutiny Support Officer map out the logistics of the Work Programme, reflecting the wishes of Members, as set out in a), above, to include the approximate duration required for each topic.

15/5

FINAL REPORT: FUTURE OF GP PROVISION IN MIDDLESBROUGH

The Panel considered a report by the Scrutiny support Officer which presented the findings, conclusions and recommendations of the Panel following their investigation into the topic *Future of GP Provision in Middlesbrough*.

The Scrutiny Support Officer summarised the main findings of the Panel.

ORDERED that the Health Scrutiny Panel recommends to the Executive and Council:-

a) That the Panel revisit this topic at appropriate times to consider how the various initiatives that are being put in place are making a difference.

b) That the Council, the South Tees CCG and the Local Medical Committee work together to promote the area's attributes in order to encourage doctors to come and live and work in the area. This might include articles in Medical Journals and making reference to the relatively affordable cost of housing, the public health challenges in the area and the state of the art facilities at James Cook University Hospital.

c) That the Council consider ways in which they can encourage student doctors to study in this area, for example creating a scholarship which would see the student committing to stay in the area following their studies.

d) That the various health organisations consider how they can encourage doctors to enter General Practice and to remain in practice into their late 50s/early 60s, through different means.

e) Building on the success of the A&E campaign, the Panel would like to see the CCG develop a publicity campaign involving information about the most appropriate times to visit a GP and details of other sources of help including pharmacists and self-help.

That an additional recommendation be added:

f) That the Council write to the Department of Health with their concerns about the numbers of GPs in Middlesbrough in the future, and ask them to comment on what they intend to do to facilitate a GP's return to practice easier.

15/6

DATES AND TIMES OF MEETINGS FOR THE HEALTH SCRUTINY PANEL

The Panel considered suggested dates and times for their meetings in 2015/2016.

ORDERED that meetings of the Health Scrutiny Panel for the 2015/2016 municipal year be held as follows:-

Tuesday 14th July 2015 at 4.00 pm
Tuesday 11th August 2015 at 4.00 pm
Tuesday 1st September 2015 at 4.00 pm
Tuesday 22nd September 2015 at 4.00 pm
Thursday 15th October 2015 at 4.00 pm
Tuesday 3rd November 2015 at 4.00 pm
Tuesday 24th November 2015 at 4.00 pm
Tuesday 15th December 2015 at 4.00 pm
Tuesday 12th January 2016 at 4.00 pm
Wednesday 3rd February 2016 at 4.00 pm
Tuesday 23rd February 2016 at 4.00 pm
Tuesday 15th March 2016 at 4.00 pm
Tuesday 5th April 2016 at 4.00 pm
Wednesday 27th April 2016 at 4.00 pm