

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 22 September 2015.

**PRESENT:** Councillors E Dryden (Chair), S Biswas, J G Cole, S Dean, A Hellaoui, C Hobson, T Lawton and J McGee

**ALSO IN ATTENDANCE:** J Bailey, Partnership and Innovations Manager, South Tees Clinical Commissioning Group  
K Warnock, South Tees Integration Programme Manager  
M Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service  
A Sinclair, Head of Programmes, South Tees Clinical Commissioning Group

**OFFICERS:** P Duffy, E Kunonga, E Pout

**APOLOGIES FOR ABSENCE** Councillor Hubbard.

**DECLARATIONS OF INTERESTS**

There were no declarations at this point in the meeting.

**15/18 APPOINTMENT OF VICE-CHAIR**

This Item had been deferred from the previous meeting.

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 the Panel.

**15/19 MINUTES - HEALTH SCRUTINY PANEL - 1 SEPTEMBER 2015**

The Minutes of the Health Scrutiny Panel held on 1 September 2015 were submitted and approved as a correct record.

**Matters arising**Director of Public Health's Annual Report

A Member asked whether this was now available. It was reported that the Director, who would be arriving later in the meeting, was intending to bring copies with him.

Future of GP Provision in Middlesbrough

The Chair reported that a letter had been received from Derek Marshall, Chief Workforce Strategist and Planner, in response to Edward Kunonga's letter regarding the Panel's review of GP provision. Alex Glover, Local Director of Health Education North East, has indicated that she would be willing to discuss this issue further with the Chief Executive of the Council. The intention was that this Panel could facilitate a *round the table* discussion. The Scrutiny Support Officer would seek to progress this. NOTED.

**15/20 HEALTH INEQUALITIES AND THE INTEGRATION AGENDA**

The Scrutiny Support Officer presented a report which outlined the background to and purpose of the meeting.

The Panel had agreed, as part of its work programme, to consider the topic of Health Inequalities. It had also been agreed that the Panel should receive an overview of the Health Inequalities Agenda with a view to "homing in" on one or two areas of priority for more

targeted scrutiny.

In this connection, Edward Kunonga, the Director of Public Health, Mark Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service and Kathryn Warnock, South Tees Integrated Programme Manager, attended the meeting.

#### Health Inequalities

The Assistant Director, Public Health Intelligence, made a presentation to the Panel and highlighted the following aspects, in particular:-

- There had been inequalities in health for many years.
- Key drivers included The Marmot Principles, which referred to ensuring a healthy standard of living for all and creating and developing healthy communities and "Due North", the Report of the Inquiry on Health Equity for the North of England.
- Joining the dots was the use of routinely available evidence to improve health and social care in the South Tees Clinical Commissioning Group (CCG) area and a way of embedding the systematic use of integrated information.
- Middlesbrough had experienced significant, cuts in funding
- Health needs were not distributed evenly. Of the 32 National Health Profile Indicators, 70% were greater risk in Middlesbrough, coming out as significantly higher than the England average.
- The death rate of 371 per 100,000 in Middlesbrough was one of the worst in the country (placing Middlesbrough at 145th out of 150 areas).
- The three main causes of death were circulatory disease, cancer and respiratory failure.
- Levels of deprivation tended to increase the closer people were to the town centre. Life expectancy reduced by two years every mile from the suburbs to the town centre.
- The key to reducing inequalities was to identify and concentrate on where need was greatest.
- Results would not be instant; it needed to be borne in mind that there would be a time lag from intervention to improvement.
- Initiatives needed to be undertaken in parallel - rather than in isolation.
- Unclaimed benefits in Teesside were estimated to total between £65 million to £100 million. If claimed, this would not only help the individuals concerned directly, but assist the local economy, as more money would be spent.

Members made the following comments:

- It was encouraging to see that, in areas such as statutory homelessness and death and injury from road accidents, Middlesbrough was significantly better than the national average.
- The reasons for the relatively low level of breast feeding should be explored. A range of support would likely be required to boost rates. Was a consistent message about the benefits being given by professionals?

In response to a question from a Member, the Assistant Director commented that the level of breast feeding in the area had, historically, been relatively low. This could be down to cultural factors.

The Chair sought the views of the Panel and officers as to what particular areas they felt the Panel should concentrate on to make a difference. It would not be feasible to look at a wide range of issues; the focus would need to be on one or two areas. The following suggestions were made:-

- The reasons behind the low breast feeding rates (is there a "Teesside effect"; is it down to cultural issues or demographic factors and what could be done to improve these?)
- Being more systematic - recognising the inter-related effects of various issues.
- Explore why cancer rates seem to have levelled out - could lessons be learnt from the reductions in cardio-vascular disease?
- Unclaimed benefits - what could be done to improve take-up, bearing in mind the

positive effect on the individuals currently not claiming some or all of what they are entitled to and the wider benefit to the town from increased spending.

#### The Integration Agenda

Kathryn Warnock, South Tees Integration Programme Manager, updated the Panel on this work.

The Chief Executives of the following organisations, together with the Chair of the Local Medical Committee, comprised the South Tees Integration Programme Board:-

- Middlesbrough Council
- Redcar and Cleveland Council
- South Tees CCG
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust

The Board identified opportunities for integration with the aim of improving health outcomes for the local population. Its mission was to improve the health and wellbeing of our population by creating a safe, effective and sustainable health and social care system.

There were seven workstreams - the key one being to establish a single point of access - which would improve a patient's pathway. Phase One of this workstream was expected to be in place by February 2016.

The Better Care Fund had been established to improve integration, with Middlesbrough Council, Redcar and Cleveland Council and South Tees CCG taking lead responsibility for individual schemes.

Members felt it would be particularly useful to focus on the schemes concerning Accident and Emergency/AAU Therapies Front of House and James Cook University Hospital AAU 7 Day Staffing/Medical Decision Maker. This work could be linked into examining measures in place to deal with winter pressures on the social care side of things.

The Director of Public Health advised that he would circulate his Annual Report to the Panel shortly.

The Chair thanked the Assistant Director Public Health Intelligence and the South Tees Integrated Programme Manager for their presentations.

#### AGREED:

a) That the Panel examine the following aspects of Health Inequalities:-

- i. The reasons behind the low breast feeding rates (Is there a "Teesside effect"; is it down to cultural issues or demographic factors and what could be done to improve these?)
- ii. Why cancer rates seem to have levelled out (can lessons be learnt from the reductions in cardio-vascular disease?)

b) That the following areas relating to the Integration Agenda be considered:-

- i. Accident and Emergency/AAU Therapies Front of House.
- ii. James Cook University Hospital AAU 7 Day Staffing/Medical Decision Maker. This could be linked into examining measures in place to deal with winter pressures on the social care side of things.

c) That with regard to recommendation b) ii), above, the Scrutiny Support Officer liaise with Councillors Hellaoui and Lawton regarding any required visits and resultant report.

