

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 31 October 2017.

**PRESENT:** Councillors E Dryden, C Hobson, J McGee and M Walters

**ALSO IN ATTENDANCE:** Edward Kunonga - Director of Public Health  
Caroline Breheny - Democratic Services Officer

**APOLOGIES FOR ABSENCE** Councillor S Biswas, Councillor R Brady, Councillor A Hellaoui, Councillor L McGloin.

**DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**17/15 MINUTES - HEALTH SCRUTINY PANEL - 26 SEPTEMBER 2017**

The minutes of the Health Scrutiny Panel meeting held on 26 September were approved as a correct record.

**17/16 JOINT PUBLIC HEALTH SERVICE**

The Director of Public Health was in attendance at the meeting to provide the panel with information on the reasons for developing a Joint Public Health Service with Redcar and Cleveland Borough Council. It was advised that since the responsibility for Public Health had transferred from the NHS to the Local Authority in 2013 there had been a lot of opportunities for both informal and formal networking. For example, in respect of working with the Licensing Team on tackling illicit tobacco alongside delivering smoking cessation services.

Reference was made to the main drivers behind the decision to establish a joint public health service and it was explained in June 2016 a feasibility study had been undertaken. The study had highlighted a number of issues where Redcar and Cleveland and Middlesbrough had common public health challenges, as highlighted in the Public Health Profile documents, which were not too dissimilar. There were clearly differences in terms of geography and urban combinations, however, there were also many similarities.

A question was raised in respect of the Extra Life programme and it was explained that this initiative formed part of the healthy schools approach to improve outcomes for children. The Chair queried whether it had yet been established whether or not Health Impact Assessments were undertaken in respect of Council policies, was previously recommended by the Health Scrutiny Panel. The Director of Public Health advised that this was an issue that was being followed up.

In terms of creating a joint public health service it was explained that one of the drivers was also the opportunity to address some of the bigger issues that Middlesbrough and Redcar and Cleveland face collectively. For example, cancer screening, late diagnosis and changes that could be made to improve patient outcomes. At the same time the joint service would need to be flexible enough to accommodate local differences. For example, in Middlesbrough the BME population had doubled in recent years from 6.8% to 11.8% and it had been 6 years since the last census. In joining the services together it was hoped that Public Health could have a stronger voice across South Tees and with partner agencies.

The long term sustainability of Public Health was also an issue and there was a need to ensure the workforce was multidisciplinary, especially given the planned reductions in Public Health grant. The panel was advised that there had been a 6.2 per cent in year reduction in 2016/17 and over the next 2 years an 18 per cent reduction from the baseline figure of £15.8m was anticipated. It was explained that the funding received was based on original submissions by the PCTs in 2010, at which point Middlesbrough had the Healthy Town programme. The funding from the programme was included and Middlesbrough therefore received additional resources at the point of transfer. In 2014/14 there was an adjustment for inflation but in 2015

there was an in year reduction. It was explained that had Middlesbrough not been receiving the additional funding for the healthy towns programme the Public Health funding awarded would have been £8.9m rather than £15.8m. Given these pressures there was a need to ensure that the Public Health workforce was futureproofed. In terms of the 2018/19 Public Health budget Middlesbrough would still receive around £17m.

Health visiting services were now also commissioned by the Local Authority, which was included in the mandated functions. The panel queried whether further information on how health visiting services in Middlesbrough were delivered could be provided to the panel including the current financial position. The Director of Health advised that it may also be beneficial for the panel to simultaneously consider information in relation to the school nursing programme to cover the health needs of children from ages 0-19.

During discussion the following points were made:

- The Public Health team commission on behalf of Middlesbrough drug and alcohol services, sexual health services and weight management services. It was confirmed that Virgin Healthcare currently deliver sexual health services across Teesside.
- A development approach to growing our own Public Health Consultants was being taken with efforts to support individuals who may wish to become, for example, a Director of Health in 5 - 10 years to achieve that ambition.
- It was queried whether multidisciplinary staff were effectively being required to undertake double their current workload. It was explained that whereas individuals previously specialised in 2 areas this was being broadened out to 4 or 5. A shadow Joint Public Health Service would operate from January to March to evaluate how the approach would work in practice.
- Future financing arrangements remained a huge concern and the Chair requested that further information be provided on the impact of anticipated reductions by 2020 on outcomes.
- The Joint Public Health Service would be hosted by Middlesbrough Council. However, there would be an expectation for staff to work across both local authority areas.
- The Live Well Centre had received fantastic praise from residents and it would be good for the panel to host one of its meetings at the Centre. A suggestion was put forward that other organisations involved in the delivery of services at the Centre should also be invited to attend to provide their feedback.

**AGREED** as follows:-

1. That the Director of Public Health provide a briefing note on health visiting services and the school nursing programme (covering the health needs of children aged 0-19) to a future meeting of the panel.
2. That a future meeting be held at the Live Well Centre and an invitation extended to a variety of organisations involved in the delivery of service provision at the Centre on behalf of the panel.
3. That the panel be updated on the development/implementation of the Joint Public Health Service in March 2018.

17/17

## **THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND 2016/17**

The Democratic Services Officer advised the panel that the Care Quality Commission's (CQC) annual State of Care report had been published on 12 October 2017, and provided a comprehensive overview of the quality of health and care services. This year, the report described a service under strain - demand was rising and the ability of services to meet this demand was being pushed to the limit. Quality was improving overall, but it could easily deteriorate again. A number of key points were highlighted in the report including:-

- There had been substantial rises in attendances at A&E, ambulance calls, emergency admissions and elective admissions.
- Demand for adult social care continued to rise, with significant amounts of unmet need reported.

- There has been a clear deterioration in the ability of hospitals to meet the four-hour emergency access target.
- Cancer patients were having to wait longer for treatment, with only 81 per cent of the 36,000 being referred for treatment able to access it within two months.
- The number of beds in nursing homes had reduced by 4,000 (two per cent) over two years and the volume of local authority funded domiciliary care had decreased. While additional investment in social care was welcome it was not expected to solve the problems in the sector.
- The number of GPs per head of population was decreasing, after peaking at 69 per 100,000 in 2009 it now sat at 62.
- There were major staffing, recruitment and retention issues across the whole of health and social care, which were likely to be compounded by Brexit.

**AGREED** as follows:-

1. That a link to the CQC's interactive map be forwarded to all Members.
2. That an invitation be extended to the CQC to attend a future meeting of the panel.

17/18 **DDTHRW STP AND THE IMPLICATIONS FOR MIDDLESBROUGH RESIDENTS - FURTHER EVIDENCE**

The Chair advised that he was aware that, as of 1 October 2017, Alan Foster (Lead Officer for DDTHRW STP) had been appointed leader of the new combined Cumbria and North East Sustainability and Transformation Plan. The Local Authority had not been made formally aware of the appointment, which again raised concerns about the level of involvement of local authorities in STPs. The Director of Public Health confirmed that he had not been aware of the appointment and although the STPs had three primary aims; to address the health gap, equality gap and finance gaps it was felt that the Local Authority was not being kept updated.

The Chair raised further concerns in respect of the impact of the STP on moving elective surgery out of JCUH and JCUH becoming more focused on acting as a trauma centre. It was also advised that there were 13 local authorities included in the STP footprint and the panel did not want to lose sight of the specific issues that would impact on Middlesbrough. Reference was made to the fact that the local Trusts had a power to veto certain aspects, however, it was difficult to obtain a focal point for the use of such powers. It was emphasised that there was also broader implications and that STPs were not all about acute hospital provision. Reference was made to the information presented to Members at the DDTHRW Joint OSC and the fact that Alan Foster was due to present at the next meeting of that committee. An update on that meeting would be provided at the panel's next meeting.

**AGREED** as follows:-

1. That copies of the agenda / papers for the DDTHRW Joint OSC be provided to the Director of Health.

17/19 **OSB UPDATE**

The Chair provided a verbal update in relation to matters considered by the Overview and Scrutiny Board on 10 October 2017.

17/20 **RESPIRE OPPORTUNITIES AND SHORT BREAKS HEALTH SCRUTINY COMMITTEE**

The Chair advised Members that the CCGs had recently undertaken a public consultation on proposed changes to respite opportunities for people with complex needs, learning disabilities and/or autism. The proposals represented a substantial variation in service delivery and a Respite Opportunities and Short Breaks Joint Health Scrutiny Committee had been established.

The next meeting of the Joint OSC was scheduled to take place on Monday 20 November in

Stockton. The purpose of the meeting was to receive further information from the CCGs, along with views from social care representatives, independent advocates and parents / carers affected by the proposals.