

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 29 March 2018.

**PRESENT:** Councillors S Biswas, E Dryden, C Hobson, L McGloin, J A Walker and M Walters

**OFFICERS:** Lindsay Cook - Head of Public Health  
Alistair Stewart - Public Intelligence Specialist  
Caroline Breheny - Democratic Services Officer

**APOLOGIES FOR ABSENCE** Councillor A Hellaoui, Councillor J McGee.

**DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**17/41 MINUTES - HEALTH SCRUTINY PANEL - 30 JANUARY 2018**

The minutes of the Health Scrutiny Panel meeting held on 30 January were approved as a correct record.

**17/42 MINUTES - HEALTH SCRUTINY PANEL - 27 FEBRUARY 2018**

The minutes of the Health Scrutiny Panel meeting held on 27 February would be submitted to the panel's April meeting.

**17/43 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17 – DYING BEFORE TIME**

On behalf of the Director of Public Health the Head of Public Health and Health Intelligence Specialist were in attendance at the meeting to take the panel through the Annual Report for 2016/17. It was highlighted that this year's report, *Dying Before Our Time?*, highlighted a concern with the trends in length and quality of life expectancy for our residents. The year on year improvements in life expectancy at birth and healthy life expectancy across the town had stalled and the latest data was showing a downward trend. For example, life expectancy at birth in Middlesbrough for males was 76.1 against an England average of 79.5, with the highest Local Authority being 83.4. For females life expectancy was 79.8, against an England Average of 83.1, with the highest Local Authority being 86.4.

It was highlighted to the panel that based on the latest data Middlesbrough men had the same life expectancy in 2013-15 as the average life expectancy for England in 2000-02. For females Middlesbrough's current life expectancy is the same as England female life expectancy between 1996-1998. This meant there was a 13 year and 17 year lag for male and female life expectancy between Middlesbrough and England respectively. It was also advised that the variation in life expectancy by wards mirrored the pattern of deprivation across the borough.

In terms of healthy life expectancy rates for both and females was significantly lower than the England average. Not only was there a challenge of premature deaths, a greater proportion of our population spent much of their adult life living with poor health. The panel was informed that a large proportion of premature deaths in Middlesbrough were avoidable through preventative measures and effective health care. 505 (36%) of deaths in 2014 were in people under 75 years. Cancer accounted for the highest proportion of deaths with lung and breast cancer the main contributors. Middlesbrough was ranked 147th out of 150 local authorities by Public Health England (Longer Lives report) for having one of the highest under 75 mortality rates of 478 per 100,000 population.

It was highlighted that cancer was responsible for 117 avoidable deaths in Middlesbrough, where timely and effective healthcare or preventative interventions could have prevented death. It was emphasised that more cancer cases occurred and more people died from cancer in the most deprived areas of Middlesbrough compared with the least deprived areas. The

Chair queried whether people in the most deprived areas of Middlesbrough were presenting later and it was confirmed that they were. The view was expressed that often poor health could mask the picking up symptoms in respect of cancer. Reference was made to the take up of screening for breast, cervical and breast cancers. In 2016 the uptake for cervical screening was 69.8%, for breast was 72.2% and for bowel (South Tees) was 56%. This meant that substantial proportions of the eligible population were not attending screening.

Members queried whether given the significant gap in attendance rates between GP practices in Middlesbrough some GP practices were more diligent than others in following up on attendance at screening. It was advised that Public Health had undertaken some initiatives with GPs including the 'No Fear' campaign to increase take up, which had shown a real impact. The panel requested that figures in respect of these initiatives be provided to the panel. Reference was also made to the Reduce Your Risk campaigns, as undertaken by Public Health, to help break down barriers to screening. The 'busting myths' campaign in respect of cervical screening had helped raise awareness and the campaign had also been promoted in non medical settings including local hairdresser salons.

Reference was made to the Open Access (Drop-in) Chest X-ray Service at James Cook Hospital and the One Life Centre in Middlesbrough. It was explained that the service was targeted at people aged 50 years and over, who smoke and were from our most deprived communities, where lung cancer was more common than the rest of Middlesbrough.

In terms of respiratory diseases (mainly COPD), which was the third biggest cause of death among Middlesbrough men and women, there was also a clear difference in the number of deaths occurring in the most deprived areas of the town. It was advised that COPD was responsible for 1 in 8 emergency hospital admissions in England because of flare-ups of the condition if not managed properly. In 2016/17 there were 1,306 emergency admissions associated with COPD in Middlesbrough. This was significantly higher than the England average. The question was posed as to whether in Middlesbrough these figures were improving or deteriorating. It was advised that this information would be fed back to the panel.

It was advised that the early detection of COPD was particularly important and the Tees Lung Health Check Programme was a local programme, which aimed to increase early detection, slow down the progression of the disease and improve quality of life. In response to a query it was advised that the longer a person had stopped smoking the less likely they were to develop these conditions.

Reference was made to the introduction of e-cigarettes and the view was expressed that these were not as safe as people thought.

**AGREED** as follows:-

- a) That a copy of the Draft Final Report on Breast Radiology Diagnostic Services in South Tees be forwarded to the Director of Public Health for comment.
- b) That figures in respect of the No Fear campaign, which demonstrated increased attendance for cancer screening at targeted GP practices be provided to the panel by officers.
- c) That data in relation to the number of emergency admissions for COPD in Middlesbrough and whether these were improving or deteriorating would be fed back to the panel.

17/44

#### **RESPITE OPPORTUNITIES AND SHORT BREAKS JOINT HEALTH SCRUTINY COMMITTEE - UPDATE**

The Chair advised the panel that a meeting of the Joint Health Scrutiny Committee had been held on 19 March 2018 in Stockton. At that meeting both Middlesbrough and Redcar and Cleveland Council had informed the CCG's that they were minded to make a referral to the Secretary of State, if the outstanding issues could not be resolved. A recommendation was made that further discussion between the CCG's and Middlesbrough and Redcar and Cleveland Borough Council could be undertaken via the South Tees Health Scrutiny Joint Committee. Both local authorities had agreed to this proposal in an effort to advance discussions collectively and effectively.

The Chair informed Members that an informal meeting of the South Tees Health Scrutiny Joint Committee was due to be held later today. The Chief Officers from STCCG and HAST would be in attendance at the meeting and efforts continued to be made to reach a local resolution. Parents and Carers had been very clear that if the current respite provision at Bankfields and Aysgarth was reduced they would be unable to access any community based respite, as such provision was neither appropriate nor available close to home. Those with severe and profound needs required specialist nursing provision by staff with expert LD knowledge.

17/45

**OSB UPDATE**

The Chair provided a verbal update in relation to matters considered by the Overview and Scrutiny Board on 13 March 2018.