

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 12 June 2018.

PRESENT: Councillors E Dryden (Chair) S Biswas, A Hellaoui, C Hobson, L McGloin, J A Walker and M Walters.

ALSO IN ATTENDANCE: J Herring, N Madden

OFFICERS: C Breheny, E Kunonga, S Lloyd

APOLOGIES FOR ABSENCE Councillor J McGee.

DECLARATIONS OF INTERESTS

None were declared.

18/3 APPOINTMENT OF VICE CHAIR

The Panel elected Councillor Shamal Biswas as Vice Chair for the Municipal year 2018-2019.

18/4 MINUTES - HEALTH SCRUTINY PANEL - 29 MARCH AND 18 MAY 2018

The minutes were accepted as a true record.

18/5 URGENT CARE UPDATE

The Democratic Services Officer provided an update from ELM Alliance. The update advised that a Care Quality report, published on 23 May, recognised improvements to extended and out of hours GP services in Middlesbrough and Redcar and Cleveland.

The report followed an inspection carried out in January 2018 and rated the service as "requiring improvement" overall and "good" for providing care services. Inspectors noted significant improvements to quality of care provided.

The service was no longer under special measures and a copy of the report was available on the Care Quality Commission website.

Mandy Headland, Director of Operations at ELM, would be in attendance to field questions at the next meeting of the Panel.

18/6 SETTING THE SCRUTINY PANEL' S WORK PROGRAMME - 2018/2019

A report was presented to provide Members of the Health Scrutiny Panel 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 for 2018/2019.

The submitted report contained a list of potential topics for review, updates arising from previous reviews, suggestions from the Leadership Management Team (LMT), as well as topical issues provided by members of the public, councillor officers, elected Members, voluntary and community sector organisations and Healthwatch.

Members discussed the list of topics and the Director of Public Health provided updates and further information as appropriate.

The Chair advised that subsequent to the work programme report being written, there had been significant press coverage both nationally and locally in respect of the issue of childhood obesity. It was also evident that in other areas of the North East local authorities, including Gateshead and Newcastle City Council, had adopted Hot Food Takeaway Supplementary Planning Documents (HFT SPD's). These SPD's set out their council's approach in relation to

planning control of hot food takeaways and were considered as a material consideration in the determination of planning applications for such uses. In Gateshead, for example, the Hot Food Takeaway SPD was adopted by Cabinet in June 2015 and included the following consideration; planning permission will not be granted for A5 use in wards where more than 10% of the year 6 pupils were classified as obese. It was acknowledged that obesity and being overweight were recognised as a major public health challenge for all local authorities and tackling growing obesity levels remained an important Local Authority duty.

The Director of Public Health acknowledged work was being undertaken with colleagues in the planning department to address this.

A policy relating to takeaway proliferation and the impact on health had been included in the preferred options for the local plan, which was currently out for consultation. The current confinement of takeaways to commercial centres provided for an effective control and the local plan would seek to include the limitation of new takeaways. It was noted that the percentage value was yet to be set and would be determined once comments from the consultation had been collated.

Colleagues from the Public Health and Public Protection team would be meeting to discuss the local plan and agree a position. It was noted that nationally there was guidance in regards to planning and health however it was up to each local authority to put this into practice, which is what Middlesbrough was working to achieve with the takeaway policy. The panel was informed that the adult overweight rate for Middlesbrough in 2016/17 was 65.4% compared to an England average of England 61.3%.

In terms of overweight and obesity rates in Reception (4/5 year old) and year six the panel was provided with a breakdown of the figures by ward. Members expressed the view that it was extremely helpful to be provided with this information, as the figures were stark. The England average obesity figure for reception aged children in 2014/15 to 2015/16 was 9.34%. The Middlesbrough average was 12.67%, with some wards including Berwick Hills and Pallister (15.34%), Brambles and Thorntree (15.3%) and North Ormesby (17.7%) all above 15%. Similarly the England average obesity figure for Year 6 pupils in 2014/15 to 2015/16 was 19.64%. The Middlesbrough average was 22.67%, with some wards including Central (26.90%), Newport (27.99%) and Berwick Hills and Pallister (25.65%) all above 25%. In response to the information provided Members expressed the view that the Council should adopt a similar HFT SDP to Gateshead Borough Council.

The following topics were proposed for review:

1. Vulnerable and fragile health services
2. Suicide prevention with a focus on self-harm
3. Childhood obesity

AGREED that: -

1. The topics listed at 1 to 3 above, would be submitted to the Overview and Scrutiny Board for approval and inclusion in the Panel's Work Programme for 2018/19.
2. An update report would be provided to the panel on review work undertaken in 2017/18 including Transforming Care: Improving respite opportunities for people with learning disabilities, complex needs and autism and Breast Radiology Diagnostic Services in South Tees.
3. That regular updates would be provided by the Director of Public Health and South Tees Integration Manager in respect of the work undertaken by the South Tees Live Well Board.
4. That the Health Scrutiny Panel submit a formal response to the Local Plan preferred options consultation to strengthen local policy on improving access to healthier food and reducing access to unhealthy food outlets.
5. That a recommendation be forward to the Executive that on the issue of Hot Food

Takeaways the Council adopt the policy approach undertaken by Newcastle City Council and Gateshead City Council to restrict the proliferation of hot food takeaways (A3, A5 and B3) in any ward where the obesity level is higher than the national average.

6. That all hot food takeaway applications (A3, A5 and B3) be subject to a health impact assessment by the Director of Public Health and Public Protection.

7. That consideration be given to amending the scheme of delegation for the Planning and Development Committee, to ensure that any planning application which fails the health impact assessment be referred to the Planning and Development Committee for Member consideration.

8. That all Councillors be provided with a breakdown of Middlesbrough's childhood obesity rates by ward.

18/7 **PROPOSED MEETING SCHEDULE - 2018/2019 MUNICIPAL YEAR**

A report detailing the proposed dates for the Health Scrutiny Panel for the 2018/19 municipal year was presented.

AGREED that: -

1. The proposed dates be approved and electronic invites for all meetings be sent to the panel Members and relevant officers.

18/8 **COMMUNITY SKIN SERVICES IN SOUTH TEES**

Jane Herring and Nicol Madden from the South Tees Clinical Commissioning Group (CCG) were in attendance to present a briefing on Community Skin Services in South Tees. A copy of the updated CCG report was circulated to the panel.

The following comments as part of her presentation:

- The South Tees CCG was undertaking a review of community skin services.
- There were three providers delivering community based dermatology and minor skin surgery: South Tees Hospitals NHS Foundation Trust, Eston Langbaugh Middlesbrough Alliance and Ramsey Healthcare.
- South Tees Hospitals provided a service at OneLife in Middlesbrough, ELM alliance provided services in Redcar and Ramsey Healthcare was based in their own hospital in Acklam.
- All contracts were coming to a natural end on 31 March 2019 with an option to extend for a finite period of time.
- As part of routine commissioning processes a review was being undertaken to identify how services could be delivered post March 2019.
- There were over 10,000 conditions affecting skin care and nails.
- In 2017/18 South Tees had 6,000 referrals into community skin services (including dermatology and plastic surgery).
- Due to high demand it was important to maintain services that were clinically robust and cost effective.
- As part of the review there was evidence that, in some cases, patients were not being referred to the correct service as GPs were confused about the best place to refer patients.
- Different providers offered different services for different ages and each had their own exceptions. For example, Ramsey only treated patients aged 18 years, whereas the others treated children aged 10 years through to adults.
- There were also instances whereby patients living in Redcar could not access local services because of the nature of their condition and had to be seen in a different area.

A member queried why there would be an age restriction on some services. It was confirmed that Ramsey was the only service provider to have age restrictions. This was due to the scope of the service specification when it was commissioned and could be rectified. The findings demonstrated that there was no real choice for residents and services were not as accessible as they could be.

It was also stated that the contracts had been in place since the establishment of the CCG and had not been reviewed since. It was also confirmed that, while there was sufficient service provision within the community, there was inconsistent provision across all locations.

A member queried why GPs did not have a clear plan for referring patients to services. It was clarified that due to the nature of the different service provision, and potential diagnosis, it was sometimes unclear to GPs which service was most appropriate for their patients.

It was also stated that the intention of the review was to ensure there were no inequities in service provision for the population of South Tees and that they were in line with best practice and were fit for purpose.

Positive patient feedback had been received in services and while the review would look at community services it would also examine the full pathway to secondary care.

The review was underway but no recommendations had been made and the intention of the briefing was to gather the views of the Health Scrutiny Panel.

A member queried if any work could be undertaken regarding GPs offering skin services, and it was clarified that GPs did not receive a great deal of training on this issue but there was a need to undertake more work around educating GPs. It was also clarified that some GP practices could offer basic skin services.

It was confirmed there were no cost savings badged against the review, it was instead focussed on the quality of service provision and the pathways available.

The Chair thanked the CCG for attending and advised the panel would note the work being carried out in the review and looked forward to an update when it was available.

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18/9

OSB UPDATE

The Chair advised there were no updates to provide from the last meeting of OSB.