

MIDDLESBROUGH COUNCIL

HEALTH SCRUTINY PANEL

Setting the Scrutiny Panel's Work Programme 2018/2019

12 JUNE 2018

PURPOSE OF THE REPORT

1. To invite the Health Scrutiny Panel to consider its work programme for the 2018/19 municipal year.

BACKGROUND

2. At the start of every municipal year, scrutiny panels discuss the topics that they would like to review during the coming year.
3. Work programmes are useful as they provide some structure to a scrutiny panel's activity and allow for the effective planning and preparation of work.
4. As part of the process for establishing the work programme, support officers gather information/views from a number of sources. Below is a list of topics which are anticipated to be of particular interest to the scrutiny panel. Members are advised that the list of possible topics is not exhaustive and that additional topics can be added and considered at the scrutiny panel meeting.

Topics agreed in 2017/18, which have not been investigated

- Abuse of staff in health facilities
- Health needs of school age children

Topical issues

Topic	Details
Vulnerable and fragile health services	With numerous challenges facing the health and social care system services are becoming increasingly stretched beyond their capacity. A number of services have in effect reached 'a tipping point', whereby options to consolidate provision and decommission services will have to be taken. This raises the question as to which of our local health services are the most vulnerable and fragile and what are the difficult decisions that will need to be taken in 2018/19.

<p>Access to sexual health services</p>	<p>A study of 220 of the country's 248 genitourinary medicine (GUM) clinics has found it has become harder to access sexual health services in the UK.</p> <p>UK standards advise that 98 per cent of people should get seen within 48 hours of contacting a clinic. But in 2015, researchers pretending they had symptoms were able to get appointments within this window less than 91 per cent of the time. In 2014 it was possible 95 per cent of the time.</p> <p>Researchers saying they had no symptoms got appointments within 48 hours in less than 75 per cent of cases. Many of these were not fixed – simply invitations to wait their turn at a walk-in service.</p> <p>The situation has deteriorated since 2010, when the 98 per cent target stopped being mandatory. From 2013, the control and funding of sexual health clinics has fallen to local authorities, not the National Health Service.</p>
<p>Improving oral health – reducing instances of decayed, missing and filled teeth</p>	<p>It is well recognised that oral health is an important part of general health and wellbeing. Whilst there have been welcome improvements in the oral health of children in England, significant inequalities remain.</p> <p>The Health and Social Care Act (2012) conferred the responsibility for health improvement, including oral health improvement to local authorities.</p> <p>The study '<i>National Dental Epidemiology Programme for England, oral health survey of five-year-old children 2014-15</i>' is the third national survey that has been undertaken. .</p> <p>Despite showing an overall improvement in the number of children free of tooth decay, it has been highlighted that 38.8% of five year olds in Middlesbrough have tooth decay (report by Public Health England May 2016). Of those 5 year old children with dental decay, an average of 4 teeth per child are decayed.</p> <p>The JSNA highlights that a school in Gresham ward has over 60 % of its 5-year-old children having had some decay compared to a school in Nunthorpe with 12%.</p>
<p>Emergency hospital admissions for children and young people</p>	<p>QualityWatch has found that the number of babies and young children admitted to hospital in an emergency has grown by almost a third over the past decade, and many children are being admitted to hospital for conditions like asthma and tonsillitis – admissions that could potentially have been avoided with better care and support out of hospital.</p> <p>The findings come in a new study from the Nuffield Trust and Health Foundation, which draws on in-depth analysis of hundreds of thousands of patient records to explore how children and</p>

	<p>young people have been accessing emergency hospital care over the decade from 2006/07 to 2015/16.</p> <p>It finds that emergency hospital admissions for the under 25s have grown by 14% over the time period – less than the population as a whole - but that the very youngest children experienced a disproportionate rise in emergency admissions, with babies experiencing a 30% rise over the decade.</p> <p>The authors say these findings raise questions about where children and young people can access high quality treatment outside of the hospital emergency care setting.</p> <p>The South Tees Hospitals NHS Foundation Trust Quality Report for 2017/18 highlighted that emergency re-admission rates within 28 days of discharge (age 0 – 15) have increased slightly year on year between 2013/14 and 2015/16, before stabilising in 2016/17 and remaining similar at 11% in 2017/18. The paediatric service has an open access day unit facility where children that have a recent acute admission or a long term chronic condition can return if they deteriorate.</p>
Effectiveness of local immunisation strategies	<p>The Centre for Public Scrutiny have produced a document '10 questions to ask if you are scrutinising local immunisation services' due to increasing concerns nationally about the take up of immunisations and reports of measles outbreaks.</p>
Cancer screening and cancer care	<p>The panel has recently undertaken a review on the topic of cancer screening and the issue of hospitals missing the 62 day wait standard over a year was highlighted as a national concern.</p> <p>The South Tees Hospitals NHS Foundation Trust Quality Account 2017/18 highlighted that the 62-day cancer wait target for first definitive treatment for all cancers was not achieved. This is an issue on which the panel will request further information in 2018/19.</p>
Suicide Prevention	<p>In 2017 the House of Commons Health Committee concluded an inquiry into suicide prevention. The Committee's final report was published on 16 March. The report welcomed the fact that 95 per cent of local authorities had a suicide prevention plan in place or in development. However the Committee was concerned that there was no detail about the quality of the plans or about how effectively they were being implemented.</p> <p>The Health Committee recommended that health overview and scrutiny committees should be involved in ensuring effective implementation of local authorities' plans and that this should be established as a key role of health scrutiny.</p>

Suggestions

Suggestion	Details
Primary care provision for Middlesbrough – Implementation of the GP Five Year Forward View and the local primary care strategy	Suggestion from Growth and Place
The prevalence of substance misuse issues and the multi-agency response to this given this is a major issue from a mental health service perspective.	Suggestion from TEWV
Director of Public Health Annual Report 2017/18	Suggestion from Growth and Place - This year's report is expected to focus on the Joint Public Health service. The panel could check progress against last year's annual report which focussed on life expectancy.
Children and young people living with an acquired brain injury	<p>Suggestion from Matrix Neurological. Matrix Neurological are a local charity that supports children and young people who are living with the effects of an acquired brain injury; and provides practical help and emotional support to their parents.</p> <p>Key issues</p> <ul style="list-style-type: none"> • Nobody knows how many children and young people are living in the area with acquired brain injuries; thus hidden neurological disabilities. • Paediatric acquired brain injury is not on any public sector body radar and these children are 'forgotten'. • There is a proven significant statistical increase in areas of high deprivation i.e. many areas of Middlesbrough. • Very few children and young people currently have good outcomes post brain injury with many ending up in the criminal justice system or homeless and living on the streets.

5. It should be noted that the suggested topics outlined above are exactly that, suggestions. The content of the scrutiny panel's work programme is entirely a decision for the panel to make. When considering the work programme, the panel is advised to select topics that are of interest to it, as well as topics that the panel feels by considering, it could add value to the Local Authority's work.
6. In addition to undertaking the agreed work programme, scrutiny panels have also previously responded on an ad-hoc basis to emerging issues - such as considering relevant new legislation, guidance or Government consultation documents. This

approach occasionally results in further topics being identified for investigation or review throughout the year.

7. On occasion ad-hoc scrutiny panels may also be established throughout the year to undertake additional investigations, for example to examine areas of work which overlap more than one scrutiny panel.
8. The scrutiny panel is also advised that, under the terms of the Local Government Act 2000, local authorities have a responsibility of community leadership and a power to secure the effective promotion of community well-being. Therefore, in addition to the scrutiny panel's generally recognised powers (of holding the Executive to account, reviewing service provision, developing policy, considering budget plans and performance and financial monitoring), panels also have the power to consider **any** matters which are not the responsibility of the Council but which affect the local authority **or** the inhabitants of its area. For example, nationally, local authorities have undertaken scrutiny work on issues such as post office closures, rural bus services, policing matters and flood defence schemes.

Scrutiny work plan prioritisation aid

9. Members may wish to use the aid attached at **Appendix 1** to prioritise issues where scrutiny can make an impact, add value or contribute to policy development.

PURPOSE OF THE MEETING

10. The scrutiny panel is asked to consider and agree its work programme for the 2018/19 municipal year. To assist in this task, Edward Kunonga (Director of Public Health) will be in attendance to provide an overview of the main services within the scrutiny panel's remit and an outline of priorities, key issues and challenges for the year ahead.
11. When considering its work programme, the scrutiny panel is asked to ensure that topics agreed for inclusion:
 - Affect a group of people living within the Middlesbrough area.
 - Relate to a service, event or issue in which the Council has a significant stake or over which the Council has an influence.
 - Are not issues which the Overview and Scrutiny Board or the scrutiny panels have considered during the last 12 months. Do not relate to an individual service complaint; and
 - Do not relate to matters dealt with by another Council committee, unless the issue deals with procedure.
12. It is suggested that the scrutiny panel has a mixture of working styles in its programme. This can include detailed and in-depth reviews, shorter topics, or one-off investigations.
13. Once the scrutiny panel has identified the areas of priority, support staff will draw those topics into a programme for approval by the Overview and Scrutiny Board.

RECOMMENDATION

14. That the scrutiny panel identifies two topics it would like to include in its work programme for 2018/19, for consideration/approval by the Overview and Scrutiny Board.

BACKGROUND PAPERS

15. Throughout the report, reference is made to documents published by the Kings Fund, the Centre for Public Scrutiny (CfPS), the Nuffield Trust, the Department of Health, NHS England, Public Health England and QualityWatch.

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