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

APOLOGIES FOR ABSENCE Councillor A Hellaoui and J McGee.

DECLARATIONS OF INTERESTS

There were no declarations of interest.

1 **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.

2 **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.

3 **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 Director's Annual Report for 2016/17. It was highlighted that this year's report entitled 'Dying Before Our Time? Achieving longer and healthier lives in Middlesbrough' highlighted concerns regarding trends in both length and quality of life expectancy for Middlesbrough residents. The year on year improvements in life expectancy at birth and healthy life expectancy across the town had stalled and the latest data showed a downward trend. Based on the data available Middlesbrough men had the same life expectancy in 2013-15 as the average life expectancy for males in England in 2000-02. For females Middlesbrough's current life expectancy was the same as the average life expectancy for females in England between 1996 -1998. This equated to a 13 year and 17 year lag for male and female life expectancy between Middlesbrough and the England average respectively. Variation in life expectancy by wards mirrored the pattern of deprivation across the borough.

The panel was informed that in terms of healthy life expectancy rates for both males and females was significantly lower than the England average. Not only was there a challenge of premature deaths, a greater proportion of Middlesbrough's 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 of people aged under 75 years. Cancer accounted for the highest proportion of deaths with lung and breast cancer the main contributors. In Public Health England's *Longer Lives* report Middlesbrough was ranked 147th out of 150 local authorities for having one of the highest under 75 mortality rates - 478 per 100,000 population.

Cancer had been 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 when compared with the least deprived areas. The Chair queried whether those living in the most deprived wards presented for treatment at a later stage of their diagnosis. It was confirmed by the Public Health Specialist that data showed it was often the case. The view was expressed that often poor health masked the identification of symptoms in respect of cancer. Reference was made to the take up of screening for breast, cervical and bowel cancers. In 2016 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, as highlighted in the report, some GP practices were more diligent than others in following up on non-attendance for screening. It was advised that Public Health had undertaken some initiatives with GPs including the 'No Fear' campaign to increase take up and the campaign had had a real impact. The panel requested that the data gathered in respect of this initiative be provided to the panel. Reference was also made to the Reduce Your Risk campaign, which had also recently been undertaken by Public Health to help break down barriers to attending screening. The 'busting myths' campaign in respect of cervical screening had helped raise awareness in the community and the campaign had been promoted in numerous non-medical settings including, for example, local hairdresser salons.

In respect of lung cancer 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 smoked and were from the most deprived communities, where lung cancer was more common than in the rest of the town. The panel was informed that in one year of the service, 229 had been X-rayed, 32 with abnormal results referred for further investigations and four people had been diagnosed with lung cancer (one at stage I, one at stage II and two at stage IV). A number of other conditions had also been diagnosed including chronic obstructive pulmonary disease (COPD x 9), emphysema and angioedema. It was noted in the report that people were presenting with significant symptoms (for example, coughing out blood) which also pointed to the need for cultural change in the way people in the town viewed their health and accessed primary care. A suggestion was put forward that provision of a mobile chest x-ray service would further enable older people, particularly in the most deprived communities, to access the service. Reference was also made to the approximate 50,000 crowd that attended the annual Mela and the opportunity this provided to engage with the community in respect of these issues.

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 had been 1,306 emergency admissions associated with COPD in Middlesbrough. This was significantly higher than the England average. The question was posed by Members as to whether these figures were improving or deteriorating and it was advised that this information would be fed back to the panel.

The panel noted that the early detection of COPD was particularly important and the Tees Lung Health Check Programme was a local programme that aimed to increase early detection, slow down the progression of the disease and improve quality of life. In response to a query it was confirmed that the longer an individual 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 although the long term effects of the usage of these devices were not yet known, as a harm minimisation tool they did have a role to play.

The next section of the Director's report was entitled 'external causes', which considered the impact of accidents, injuries, suicide, alcohol and drugs on premature mortality. External causes accounted for 10 per cent of deaths for people aged under 75 in Middlesbrough. Suicide was highlighted as a particular issues and as with England as a whole, men were more likely than women to take their own life. For the most recent year there were 28 suicides in Middlesbrough, 20 men and 8 women and about two-thirds were in adults aged 35-64. It was noted that although suicide rates varied from year to year, Middlesbrough had seen an increase in deaths from suicide since 2009-11, and currently had the highest rate in England. An increase from 35 in the period 2008-2010 to 59 in 2013-2015 was significant and it was acknowledged that the increasing number of suicides needed to be reversed. The initial aim was to reduce rates by 10 per cent by 2021.

In terms of the influence alcohol had on premature mortality it was advised that in 2015, there had been 75 deaths in Middlesbrough due to alcohol-related conditions, one every 5 days.

The rate of years of life lost due to alcohol was higher in Middlesbrough than the North East and England averages and had risen markedly in recent years. In an effort to reduce premature deaths from alcohol misuse the panel was informed that a wide alcohol agenda was being implemented in Middlesbrough, building on the Local Alcohol Action Area (LAAA) programme. The LAAA programme underpinned the development and strategies relating to the regulation and control of alcohol related issues. Drug related deaths were a further issue and during the three years from January 2013 to December 2015, there were 39 drug-related deaths in Middlesbrough, more than one per month, on average. It was highlighted that a significant number of people who misused alcohol and drugs also suffered from mental illness, referred to as dual diagnosis. The impact of which could be considerable on health and quality of life. Further work was required to understand the broader health needs of the substance misusing population of Middlesbrough.

The Chair thanked the officers in attendance at the meeting for their interesting and insightful presentation.

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 the relevant officers.

c) That data in relation to the number of emergency admissions for COPD in Middlesbrough and whether the figures were improving or deteriorating be fed back to the panel.

d) That Public Health deliver a presentation to the panel on the services they commission, as of 1st April 2018.

4 **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.

5 **OSB UPDATE**

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