

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 24 April 2018.

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

ALSO IN ATTENDANCE: Cllr T Higgins – Elected Member
Maria Catterick – FASD Network
Graeme Nicholson – Health Improvement Specialist (Best Start & Families)
Mark Cotton – Assistant Director Communications and Engagement – NEAS
Caroline Breheny - Democratic Services Officer

APOLOGIES FOR ABSENCE none received.

DECLARATIONS OF INTERESTS There were no declarations of interest.

1 **MINUTES - HEALTH SCRUTINY PANEL – 29 MARCH & 18 MAY 2018**

The minutes of the Health Scrutiny Panel meetings held on 29 March and 18 May 2018 were approved as a correct record.

2 **FOETAL ALCOHOL SPECTRUM DISORDER (FASD) UPDATE**

The Democratic Services Officer reminded the panel that in 2017/8 the Health Scrutiny Panel had examined the topic of Foetal Alcohol Spectrum Disorder (FASD). The panel's final report on this topic was submitted to and approved by the Executive on 21 November 2017 and contained a number of recommendations. The Council's Health Improvement Specialist (Best Start & Families) and a representative from the FASD Network were in attendance at the meeting to provide the panel with an update on progress made against those recommendations.

In respect of the first recommendation that the Director of Public Health brought together professionals including appropriate representation from South Tees CCG, Public Health, South Tees NHS Foundation Trust, Safeguarding Children's Services, CAMHS, Community/LAC Paediatricians, Educational Psychologists and the FASD Network to take this work forward in 2017/18 it was confirmed that progress had been made.

The panel was advised that a series of expert group meetings had been held on 28 November 2017 and 23 January 2018 with attendance from Public Health, Midwifery service, CAMHS, Pediatrics' service, Educational Psychology, South Tees CCG and the FASD Network. The two meetings had allowed for discussion on some of the key issues around FASD, highlighting issues, problems and good practice locally. Three of the main issues identified were as follows:-

- There was already work going on regionally around developing a diagnostic pathway for FASD. However progress had been slow, as there had been a lack of clinical and neuro psychologists in local areas to support proposed pathways.
- A key area where it was felt that progress could be made was improving the sharing of maternal alcohol history, although this was challenging given the range systems used in health care settings.
- It was acknowledged by the group that FASD was a condition that could not be diagnosed and / or supported in silo, therefore it was unrealistic to expect a specific care pathway for children with FASD. However, those who attended the group sessions agreed that more needed to be done to improve complex needs pathways so that those with FASD were better supported.

The group also mapped local provision against the recommendations of Public Health England's Healthcare Needs Assessment, identifying gaps. Further discussions were, however, still required around how the gaps identified could be taken forward locally.

Further to the discussions that had taken place at the expert group meetings the decision was taken that a piece of local research, as recommended by the panel would not be pursued, as it was unclear what the benefits locally would be of going ahead with the research. In terms of the panel's recommendation that inclusion of the numbers of children in Middlesbrough with FASD be contained in the JSNA it was advised that the Children's JSNA document was still in draft at present. The JSNA was also based on need and therefore if other children's health and social care needs were identified as being of higher need locally, FASD would not be included in the final published version.

The panel's recommendation that Adult Social Care needed to review its response to those affected by FASD and plan for future service provision was accepted. Work would be undertaken by Children's, Adult Social Care and the CCG, as part of the work on SEND and transition from children to adult services. Issues relating to FASD had also been built into training in 2017/18 to facilitate identification of cases where FASD may be present, how to and when to seek more specialist input and appropriate responses to the disorder.

A strong theme that emerged during the panel's review was that; there was a clear need to ensure young people were fully aware of the dangers that drinking during pregnancy could have on an unborn child. In response to the panel's recommendation a toolkit for schools had been developed. This toolkit would work alongside the Alcohol Education Trust's 'Talk About Alcohol resource', which was an accredited curriculum for schools. Train the trainer sessions would be delivered to Middlesbrough schools on 4 May 2018. Schools that sent a representative to be trained would then be equipped with the knowledge, skills and resources to deliver sessions around alcohol / FASD to their pupils.

The panel's recommendation that the Mayor wrote on behalf of the Council to the National Institute of Clinical Excellence (NICE) for recognition, referral, diagnostic assessment and post diagnosis guidance on FASD to be issued for clinicians was undertaken. The Director of Public Health had received a response from the Director, Centre for Guidelines at NICE about the need for guidance in FASD. It was confirmed that NICE would map out existing relevant guidance, some of which was still in development, as well as guidance on alcohol consumption in pregnancy and raise this important matter with the National Children's Director for Clinical Services, as well as colleagues at NHS England and the Department of Health.

AGREED that the update be noted and a further update provided in six months' time.

3. **DRAFT FINAL REPORT – SOUTH TEES BREAST RADIOLOGY DIAGNOSTIC SERVICES**

The panel was informed that the information previously requested from South Tees CCG was still to be received. However, a view from South Tees NHS Foundation Trust had been received and it was noted that from their perspective they were ready anytime for diagnostic services to return to JCUH. The space had been lined up and funds identified for the equipment. North Tees NHS Foundation Trust would, however, need to provide the commitment that Breast Radiologists would be available to work at JCUH. In January / February 2018 it had been suggested at a Teeswide meeting about wider issues that in terms of Breast Radiologists North Tees NHS Foundation Trust was close to fully staffed. Although no update had been provided on the timescale for return of services at JCUH.

In terms of the data included within the panel's draft final report the first data set only showed the 2 week wait performance against the 2 week wait standard and not any relevant information on DNA percentages. In May / June attendance over the last 3 years has remained problematic in achieving the 2 week wait performance. The number listed as South Tees referred to patients referred by choice to the Friarage. The figures in respect of the 31 day treatment were for all cancers treated for patients from South Tees CCG. This was similar for the 62 day standard. In terms of information it was not the most useful. The reasons for this was that it indicated all patients on cancer pathways for all specialities and not specifically Breast patients. However, no information was shown about the patients that had not been treated. There was also no information in respect of patient satisfaction. The delivery of the future model of service would be absolutely reliant on North Tees.

The information that would be more useful to the panel would be:

- DNA rates for South Tees patients attending North Tees compared with North Tees' DNA rate. South Tees patients DNA rate is roughly double what it was when services were delivered at JCUH.
- A proper assessment of the ability from a patient's point of view to travel to North Tees and the impact of travel.

From South Tees Foundation Trust's perspective the money was assigned via a Trust Fund to purchase the mammography equipment but commitment was needed from North Tees that there were sufficient Breast Radiologists to use it. The Chair was of the view that it would be beneficial if a further meeting could be arranged with the appropriate representatives from South Tees NHS Foundation Trust, North Tees NHS Foundation Trust and South Tees CCG to discuss the issues that had been raised.

AGREED that the appropriate representative be invited to a future meeting of the panel, prior to the final conclusions and recommendations in respect of this review being finalised.

4. **THE DISPATCH OF EMERGENCY AMBULANCES IN RESPONSE TO 111 CALLS**

The Assistant Director for Communications and Engagement at the North East Ambulance Service (NEAS) was in attendance to discuss the frequency / appropriateness of ambulance dispatch in response to 111 calls.

The panel had received anecdotal evidence that paramedics were increasingly attending 111 calls, which were being flagged through the 111 system as category C1 calls, despite there being no need for any conveyance of the patient to hospital on the ambulance's arrival. A representative from (NEAS) was in attendance at the meeting to respond to these concerns and answer Members' queries.

In terms of the incidents generated by 111 calls comparative figures were provided for 2011 and 2017. The figures illustrated that over time the percentage of 111 calls generating an ambulance dispatch had increased for the majority of call types including Red C1, C2 and Green C2 and C4. The significant point about this to note was that more people were calling 111 in 2017 when they should have been calling 999. Conveyance rates, however, for both 999 and 111 calls were decreasing overall, as Paramedics increasingly accessed alternative health provision where appropriate. A number of charts were shared with the panel to illustrate the points made. The panel was also informed that NEAS was currently in the process of planning to develop a 111 call centre on Teesside, although a location for the new centre had yet to be proposed.

The Chair thanked the Assistant Director of Communications and Engagement at NEAS for his informative presentation.

5. **OSB UPDATE**

The Chair provided a verbal update in respect of the matters considered by the Overview and Scrutiny Board on 10 April 2018.