

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 9 April 2019.

PRESENT: Councillors E Dryden (Chair), J McGee (Vice Chair), Councillors Biswas and Walters and J Walker

ALSO IN ATTENDANCE: Sandie Hall - Chief Officer / Healthy Living Pharmacy Project Manager
Tom Le Ruez- Tees Preventing Drugs Related Deaths Co-ordinator
Sue Weatherhead - Senior Pharmaceutical Advisor Public Health South Tees

OFFICERS: C Breheny - Democratic Services Officer
E Kunonga - Director of Public Health - Middlesbrough and Redcar & Cleveland

APOLOGIES FOR ABSENCE Councillors Hellaoui, C Hobson and McGee..

DECLARATIONS OF INTERESTS

There were no declarations made.

1 MINUTES - HEALTH SCRUTINY PANEL - 5 MARCH 2019

The minutes of the Health Scrutiny Panel meeting held on 5 February 2019 were approved as a correct record.

2 UPDATE: BREAST SYMPTOMATIC SERVICES IN SOUTH TEES

The Democratic Services Officer advised that following publication of the papers for today's meeting the Director of Programmes and Primary Care at STCCG had been in touch to advise that she was unable to attend the health scrutiny panel during purdah.

In the post purdah period STCCG would be able to share with Members the final version of the Regional Breast Service Review Report, as drafted in 2017. A copy of the Clinical Strategy Development presentation, as delivered to the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby (DDTHRW) STP Joint OSC on 27 November 2018 which included breast services had also been provided and would be circulated to all Members.

In addition it was noted that in the post purdah period STCCG would be able to provide the panel with an update on the Clinical Strategy including the timeline for discussions with the public in relation to breast symptomatic services.

The Chair advised that he and another Member of the Panel had attended the Positively Pink Breast Cancer Support Group at JCUH's Holistic Centre on 3 April 2019 to speak directly to women affected. The views expressed by the ladies in attendance had been worse than the panel anticipated in terms of their experience.

Throughout the review the panel had been repeatedly assured that all women would be offered the opportunity to receive any treatment they required at the hospital of their choice and could return to JCUH if preferred. Yet this had not been the experience of the ladies in attendance at the Support Group.

The ladies in attendance had travelled between various sites to receive their radiotherapy and chemotherapy treatment. Treatment had been provided at Hartlepool and the Friarage and there was no evidence of a care model being built around the needs of the patient. Some ladies had even travelled from JCUH to Northallerton mid treatment in order for an additional mammogram to be undertaken, owing to the lack of facilities at JCUH.

The Chair expressed the view that the current treatment offer was unacceptable and moved that a referral to the Secretary of State be made in respect of this issue. Currently there was

no certainty for women about where their treatment would be provided, no public consultation had taken place and the provision of breast symptomatic services were now being subsumed in the draft Clinical Strategy, which had been due to be presented to Members of the DDTHRW STP Joint Scrutiny Committee in February 2019 but was yet to be finalised. The panel supported the view expressed by the Chair.

AGREED: That a formal referral to the Secretary of State be submitted by the Health Scrutiny Panel in respect of Breast Symptomatic Services in South Tees.

3 **OPIOIDS: AN EMERGING ISSUE?**

A number of representatives had been invited to attend the panel to discuss opiod related harm as an emerging issue in South Tees. During discussion a number of key points were raised:-

- There was an awareness across various services that increased opiod use was an issue of concern and it was extremely complicated to address.
- GPs across the town were prescribing opiods for a myriad of reasons and were under significant pressure from patients.
- An individual's perception of pain was extremely important along with their attitude to pain relief.
- There were thousands of people taking painkillers and weening people off these medications was resource intensive.
- A grey list of drugs had been issued which GPs were no longer able to prescribe in an effort to curb spending.
- Medicine reviews were not always undertaken and there was a role for Pharmacists.
- Pharmacists were best placed to raise over exposure and increased communication between GP's and Community Pharamacists was a positive development.
- There were issues with people giving prescription medications to family and friends.
- It was an opitune time for a piece of work to be undertaken on opiod related harm.
- The establishment of Primary Care Networks created an opportunity to examine GP pathways of review.
- Social prescribing was the new buzz word but was the substitute for opiod dependency?
- There was a role for Community Pharmacists, Practice Pharmacists and Care Home Pharmacists, the question was posed as to whether we were currently utilising the whole workforce?
- A whole range of systems and players needed to be involved in examining this issue.

AGREED:

1) That STCCG be contacted to establish how they will work collaboratively with other parts of the health care system to address opiod related harm.

2) That the Director of Public Health for South Tees be charged with ensuring that the issue of opiod related harm be addressed by the HWBB.

4 **DRAFT FINAL REPORT: VULNERABLE AND FRAGILE HEALTH SERVICES - FUTURE SYSTEM INTEGRATION**

The panel discussed the draft final report and the following views were put forward by Members with regard to the panel's conclusions/ recommendations in respect of the various terms of reference:-

TERMS OF REFERENCE A: To gain an overview of health services commissioned provider contracts due for renewal in 2018/19 and 2019/20

- The Aligned Incentive Contract (AIC) had resulted in greater certainty in the system and stabilised the financial affairs of South Tees NHS Foundation Trust
- The AIC offered some head room for ST NHS FT Trust and STCCG (£20billion of national funding had relieved some pressure on the system, subject to demand)

- Concerns remained in respect of smaller grant funding contracts and there remained a need for closer working with the newly formed Adult / Children's Joint Commissioning Board (LA, CCG, PH – Adults / Children) and the community services contract (district nurses, occupational therapy etc.)
- Clarity was needed in respect of the STCCG's driver on community NHS / community VCS. There were a number of options for the delivery of community services and in some areas community NHS services had merged with Adult Social Care to form a Care Trust.
- The panel had gained a more detailed overview but further information was required in respect of the remaining commissioning areas.
- TEWV NHS FT had been delegated commissioning responsibilities and there was a need for the panel to understand mental health commissioning arrangements across South Tees.
- It was the final year of the Better Care Fund (BCF) programme but as of yet there was no indication of what would happen after 2020, the transition planning arrangements remained unclear, as did the potential impact on current service provision.

TERM OF REFERENCE B: To examine progress made to date and challenges still to overcome in respect of local service integration

- There was a need for greater political involvement in the decision making.
- The current lack of clarity in respect of future social care funding made it impossible to plan collectively and impacted on the ambition of achieving health and social care integration.
- Although a Joint Commissioning Board had been established there was room for improvement in terms of the BCF programme and the opportunity the funding afforded.
- In order to fully realise integration in the truest sense there remained a need to establish how we work together, pool resources and progress the vision to become an integrated system. The question as to whether such a proposal was a jump too big to take remained.
- Nationally there was a legal, financial and cultural move towards the delivery of more pooled budgets.
- The overriding benefits of a fully integrated system remained unclear.
- Confusion existed in respect of the ICS, ICP, section 70 agreements.
- A number of other challenges remain including a small local market, the ambitious proposals contained in the Long Term Plan and changes to primary legislation changes, as well as fragmentation of services

TERM OF REFERENCE C: To consider the potential impacts of reductions in Public Health funding on local service provision by 2021

- Public Health funding cannot be dependent on business rates, this would be detrimental to Middlesbrough.
- If the current funding arrangements continue, public health funding ought to be ring fenced via the local authority with a view to funding public health needs appropriately
- Funding reductions had already impacted on service provision resulting in a number of preventative programmes being decommissioned. Possible future funding reductions had been factored into the Medium Term Financial Plan.
- Public Health was viewed by the LA as a corporate responsibility.
- Prioritisation, if reductions were to materialise the areas to be prioritised should include population coverage and health impact.
- Other agencies would need to be approached and financial contributions sought from the PCC, academies, who funds prevention?
- Rhetoric needs to be matched by action in terms of funding, the point was made that prevention remains better than cure, funding needed to be proactive rather than reactive and public health was the responsibility of all agencies.

TERMS OF REFERENCE D: To examine the approach taken by other local health and social care systems recognised for having developed a strong collaborative approach

- Welcome the plan, move towards ICS, ICP, PCNs, provides opportunity to examine the landscape, focus on areas the panel would support / contest, impact Middlesbrough's residents' access to local hospital service.
- Governance / local accountability, opportunities for unique population health needs of Middlesbrough to be reflected.
- Validation of decision making and the arena in which decisions are taken.
- STCCG new arrangement great if more efficient and effective but not at the expense of local accountability
- Balance of power, where power sits, Executive decisions taken at an individual level within an organisation that has no legal standing.
- The Health and Well Being Board (HWBB) to host events to identify best practice, lessons learnt.

AGREED: That the conclusions and recommendations put forward by the panel be drafted in consultation with the Chair and included in the final report prior to submission to OSB for approval.

5 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided an update in relation to matters considered by the Overview and Scrutiny Board at meetings held on 5 March and 4 April 2019.