

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 29 October 2019.

**PRESENT:** Councillors J McTigue (Chair), D P Coupe (Vice Chair), A Hellaoui, S Hill, T Mawston, D Rooney, M Saunders, M Storey and P Storey

**ALSO IN ATTENDANCE:** Gill Findley - Director of Nursing and Quality - County Durham, Darlington, Tees Valley

**OFFICERS:** Caroline Breheny - Democratic Services Officer, Middlesbrough Council

**DECLARATIONS OF INTERESTS**

There were no declarations of interest submitted.

**1 EU EXIT PREPARATIONS**

The Director of Nursing and Quality for County Durham, Darlington and the Tees Valley was in attendance to provide an update to the panel in respect of EU exit preparations. The panel was advised that the NHS remained apolitical and EU exit planning had been ongoing for years for the NHS and social care. With a no deal exit assumed in order to prepare for the worst case scenario. Existing emergency planning routes were being used for changes and County Durham, Darlington, Tees Valley CCGs were reporting on a daily basis to NHS England. NHS England acted as the overall co-ordination centre and maintained an overview of every CCG area.

The overall message was that the NHS 'was ready, do not change your behaviours, be reassured and calm!!' Stockpiling would be the issue that would generate the greatest problems. However, if everyone carried on as normal planned contingencies were in place. All NHS supplies will have Category 1 priority at the ports and airports and Social Care goods / services also fell into Category 1. Additional shipping lanes and port facilities, which were not in play at the moment, would be brought into play if needed and a national logistics service was available if needed. All suppliers had a 6 week buffer stock on the UK side of the boarder.

It was acknowledged that concerns have been raised about the number of EU nationals working in the NHS. However, the point was made that there were now more EU nationals working in the NHS than there were at the time of the referendum. In terms of the flu vaccination there had been a slight delay in the manufacturing and production of this years vaccine but 80 per cent of ordered stock was now on the UK side of the boarder. This was more than the total administered last year.

In terms of what the NHS had asked GP's to do locally it was advised that all front line staff were aware of the key message 'we are ready, do not alter your behavior.'. The NHS was ensuring that all EU national felt valued and had the opportunity to understand/join the settled status scheme. The message had been emphasised that they would not lose their EU citizenship by securing settled status. Reference was made to existing drug shortages and it was explained at any one time there were approximately 80 drugs that would be in short supply, owing to issues in the manufacturing processes. However, there were processes in place to manage any supply issues and an oversight approach was taken by NHS England, who examined where there was a shortage of supply and in response would move the required drugs around the country.

A discussion ensued and the following points were raised:-

- Middlesbrough was not an outlier in terms of drug shortages and the message, which had been repeated consistently was keep calm and carry on.
- Existing reporting mechanisms were to be used and community pharmacists should be reporting any supply issues before they escalated. In cases where a ticket system

- was in operation, if that system was to fail, patients would need to go back to their GP and GP's would be reporting it up to the emergency planning team.
- Reference was made to the 6 week supply buffer in place and the point was made that it was a relatively short period of time. In response it was explained that when consideration was given to the fact that the NHS generally operated 'just in time' services, with goods coming from the manufacturer and then straight out to providers, 6 weeks was significantly longer than previously. If the buffer stock was decreasing it could be extended for 6 weeks, which would involve negotiations with the individual supplier.
  - In terms of the buffer stores it was explained that some of these were being held by the manufacturers and some were being held in a central store.
  - Reference was made to the returns being submitted to NHS England on a daily basis and it was confirmed that both commissioners and providers were required to submit returns. The returns included sections on workforce, any services disrupted, clinical trials, supply of medication, data sharing, information coming in from the EU, medication, pharmacies and reciprocal health, as well as any escalation issues.
  - In response to a query regarding the number of EU nationals it was advised that there were no restrictions on EU nationals coming to the UK and obtaining jobs in the NHS. There were numerous staff shortages in the NHS and the CCG was working really hard to attract people to the area. GP career start schemes had been initiated and applicants would still be accepted from EU nationals.
  - The point was made that this was the first occasion that reassuring information in respect of EU Exit planning had been provided and the public was in real need of this level of reassurance. It was emphasised that all GP's had a patient leaflet, which aimed to provide reassurance and encourage patients not to stockpile their medications.
  - It was accepted that there was a risk that medications may become more expensive for the NHS to purchase following its exit from the EU, however, there was no evidence of this at the moment.
  - In terms of accessing healthcare in Europe it was advised that European Health Cards were still valid and there had been no indication that this was set to change at the moment. EU citizens were also readily able to access healthcare services in the UK.
  - If issues were to arise in terms of medical supplies, the NHS was anticipating that this would be due to issues with delivery vehicles being backed up at the ports rather than any issue with a shortage of drug supplies.
  - Concerns were raised in respect of issues regarding a shortage of nasal flu vaccines for children. In response it was advised that the flu vaccine was manufactured on a yearly basis and an additional strain of flu had been added to the vaccine this year, which had led to a delay. However, there should no longer be any issues, as this had now been resolved.
  - No problems were anticipated with the supply of insulin. However, if any issues were to occur the normal drug shortage response processes would come into play and the Community Pharmacists had a key role to play in escalating any concerns. A multi-layered approach was in place.

**AGREED** that the information be presented by noted.

## 2 **CQC STATE OF CARE REPORT 2018/19**

The Democratic Services Officer made reference to the CQC's recently published 'state of health care and adult social care in England 2018/19' and highlighted some of the key issues raised in the report.

In summary the CQC reported that most of the care received across England was good quality and overall, the quality was improving slightly. However, people did not always have good experiences of care and they had told the CQC about the difficulties they faced in trying to get care and support. Sometimes people did not get the care they need until it was too late and things had seriously worsened for them.

In addition the following points were highlighted:-

- The care given to people with a learning disability or autism was not acceptable.
- There was pressure on all health and care services in England. Waiting times for treatment in hospitals had continued to increase and, like many areas in the NHS, demand for elective and cancer treatments was growing, which risked making things worse.
- In hospital emergency departments, performance had continued to get worse while attendances and admissions had continued to rise. July 2019 saw the highest proportion of emergency patients spending more than four hours in A&E than any previous July for at least the last five years. What used to be a winter problem was now happening in summer as well.
- An estimated 1.4m older people did not have access to all the care and support they needed. There was a need for care services and organisations to work more closely together.

**AGREED** that the information presented be noted.

3 **FINAL REPORT – HEALTH SCRUTINY PANEL – VULNERABLE AND FRAGILE HEALTH SERVICES.**

The Panel considered its draft final report on Vulnerable and Fragile Health Services and following the evidence submitted and conclusions drawn approved the following recommendations for consideration by the Executive:-

1. That the five-year system plan covering the period 2019/20 to 2023/24 due to be submitted by NENC ICS to the Department of Health by November 2019 be shared with the local authority's HWBB, health scrutiny panel, the VCS and Healthwatch South Tees in advance of formal submission. The panel is keen to ensure that a genuine place based plan with shared system wide objectives is developed. The building of trust and relationships during the development of the plan is as equally important as the document submitted.
2. That demand reduction across the system be prioritised and a deal with South Tees residents formulated. Changing behaviours and empowering residents to reverse the decline in life expectancy, reduce the increasing gap in 'healthy years lived' between the most deprived and most affluent wards of the town is paramount. The Extra Life initiative should be given much greater prominence and / or built upon with a new offer that involves and appeals to all South Tees residents.
3. That moves towards the development of an integrated commissioning plan between health, social care (including both adults and children) as well as public health be accelerated, with a fresh commitment to increasing significantly the local authority and CCG's pooled budgets arrangements.
4. That a shared understanding between the local authority and local NHS partners in respect of the governance arrangements around the NENC ICS, the Southern ICP and newly established PCN's within South Tees need to be further developed. The formal decision-making processes and how any key decisions taken by these new bodies are reported to Council, the HWBB and Scrutiny need to be clarified.
5. That greater emphasis be given to the integration of mental health services and joint working between Tees, Esk and Wear Valley NHS FT and the local authority. There is significant overlap between mental and physical health and a need to improve the joint working undertaken with local mental health service providers.
6. That given the workforce pressures on the whole system there remains a real risk that individual services may well be moved to other hospitals without formal consultation. That where there is any indication that this may happen in respect of services currently delivered at JCUH the local authority be notified immediately. Regularly updates on any services that ST CCG determines will be decommissioned also need to be provided.

7. That prescribing costs for ST CCG continue to be monitored and the impact of the introduction of the new PCN's and appointment of Social Prescribers within individual practices across GP practices be reported to scrutiny in 2020/21.

8. That consideration be given to revising the current health scrutiny arrangements at local, sub-regional and regional level in response to the development of the NENC ICS, ICP's and PCN's.

**AGREED** that the recommendations be approved and submitted to the Overview and Scrutiny Board in advance of submission to the Executive.