

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 21 July 2020.

PRESENT: Councillors D P Coupe (Vice-Chair), A Hellaoui, B A Hubbard, T Mawston, D Rooney, M Storey, P Storey and M Saunders (substitute for S Hill)

ALSO IN ATTENDANCE: Mark Adams - Director of Public Health (South Tees)
Craig Blair - Director Of Commissioning Strategy and Delivery (Tees Valley CCG)

OFFICERS: S Bonner, C Breheny and J Dixon

APOLOGIES FOR ABSENCE Councillor S Hill and Councillor McTigue (Chair).

DECLARATIONS OF INTERESTS

There were no declarations of interest at this point in the meeting.

20/1 MINUTES - HEALTH SCRUTINY PANEL - 11 FEBRUARY 2020

The minutes of the Health Scrutiny Panel meeting held on 11 February 2020 were approved as a correct record.

20/2 MINUTES - HEALTH SCRUTINY PANEL - 10 MARCH 2020

The minutes of the Health Scrutiny Panel meeting held on 10 March 2020 were to be considered at the Panel's next meeting.

20/3 OVERVIEW OF SERVICE AREAS

The Director of Public Health (South Tees) and the Director of Commissioning, Strategy and Delivery at Tees Valley Clinical Commissioning Group (TV CCG) were in attendance to provide the Panel with an overview of the key areas of work undertaken by Public Health South Tees and TV CCG.

The Director of Public Health (South Tees) advised that the aspect he wished to focus on at today's meeting was the relationship between the Local Authority's Public Health function and the NHS. The view was expressed that in some ways this had been a missed opportunity and was an area of work that required further development.

It was explained that there was a memorandum of understanding in place between Public Health (South Tees) and South Tees CCG, which needed to be refreshed in light of the establishment of TVCCG and the core offer included six key area's of work-

- Strategic Public Health advice for healthcare and supporting commissioning;
- Identification of current and future health needs (coordinating the development of the Joint Strategic Needs Assessment (JSNA) with partners);
- Supporting priority setting and decision making;
- Supporting prevention activity through the identification of effective and efficient interventions;
- Analysis and interpretation of population and health information and;
- Supporting, evaluation, review and redesign of services and pathways.

It was explained that the current memorandum of understanding talked about areas of work in specific parts of the health service including:-

- Work programmes around sexual health (the bulk of the commissioning responsibilities for these services lay with the Public Health teams in Local Authorities). The sexual health services currently provided in South Tees were delivered by Virgin Care, as part of a collaborative commissioning arrangement between the four Local Authorities across Tees, the CCG and NHS England, all had slightly different

- responsibilities for sexual health.
- There was some specific actions concerning reviewing abortion statistics and looking at the prevalence of sexually transmitted diseases, which the Local Authority was looking to work with the CCG on. Cardiovascular Disease was another area of focus, Diabetes, Respiratory Diseases, Muscular Skeletal conditions and Mental Health.
- Another critical area of work involved working with the NHS to address health inequalities and a discussion had been held at the most recent meeting of the Tees Valley CCG Governing Body, where it was agreed that more work was needed in this area. That piece of work was currently being progressed with the Directors of Public Health throughout the Tees Valley. It involved considering how to make primary care more accessible for some of Middlesbrough's most deprived communities.
- Work continued in respect of the vulnerable persons model, which involved bringing some services in-house across substance misuse, homelessness and domestic abuse and commissioning other services to provide a more integrated model for people who were often affected by more than one of these issues. Mental Health was often also closely associated with substance misuse and there was a need to understand how the local authority's new vulnerable persons model could connect with Mental Health Services.
- Health Visiting and School Nursing was commissioned by the Local Authority and was currently commissioned from Harrogate and District NHS Foundation Trust. There was already an established Maternal, Infant and Child Health Partnership (MICH) that worked across the Local Authority, local Midwifery service, and other local NHS services to understand how the first 1001 days could help achieve the best start in life for Middlesbrough Children and Families and work in this area was due to continue.
- The COVID recovery group had established key lines of enquiry, against which work was being undertaken and consideration was also being given to how Public Health (South Tees) and local NHS commissioners and providers could work better, as well as differently as a result of the pandemic.

The Director of Commissioning, Strategy and Delivery at TV CCG provided the panel with a brief update on the TVCCG's current position, as well as its priorities for 2020/21.

In terms of the current position in respect of COVID-19 it was explained the NHS had developed a four phase approach to responding to COVID-19 as follows:-

- Phase 1 - March - May 2020 - Escalation
- Phase 2 - April - September 2020 - Consolidation
- Phase 3 - July 2020 - March 2021 - Recovery of urgent and routine electives (current focus)
- Phase 4 - April 2021 onward - New reset

It was explained that TV CCG had been working very closely with its partners across the Integrated Care Partnership (ICP) including to consider how the system could respond to COVID-19 and how services could be resumed within a safe environment now that the first wave of COVID-19 had started to subside. Partnership working had been undertaken by the Tees Local Resilience Forum (LRF) and the North East and North Cumbria Strategic Health Coordinating Group.

It was explained that one of the really positive areas in which local partnership working had been demonstrated was in relation to Personal Protective Equipment (PPE). The working relationships across the system had ensured that all of the available PPE resources were distributed appropriately across all partners. This had been a real benefit of having a joined up Integrated Care Partnership (ICP) approach across the Tees Valley.

Another area of development had been in relation to the use of digital technology, for example, there had been much greater use of digital technology to support GP consultations. It was emphasised that it was now really important to lock in some of the developments and innovations adopted, as well as relaunch services that had been suspended. Patients were now able to dial into web based consultations with a Consultant or Specialist Nurse in a hospital setting, who could review their case, review diagnostic tests and provide advice,

guidance, support and even prescribe remotely to reduce the number of people needing to travel to a hospital site.

Mutual support had also been developed to ensure that Consultants working at James Cook University Hospital (JCUH) had been able to move around the region and similarly Consultants at North Tees and County Durham and Darlington NHS Foundation Trust had been able to work at JCUH.

In terms of COVID-19 it was highlighted that TV CCG's priorities were as follows:-

- Development of recovery roadmap
- Acute and Community Activity baseline planning
- Capital requirements, regional focus on;
 - Critical Care
 - A&E and Front of House
 - Diagnostics

It was noted that NHS England was looking to provide support through the provision of additional capital funding.

The Tees Valley Integrated Care Partnership's (ICP) Covid recovery priorities focussed on;

- Improving hospital flow
- Increasing theatre capacity
- Increase diagnostics capacity

In terms of next steps TV CCG was focussing its attention on the implementation of 'Talk before you walk', roll out of the mass flu vaccination programme, maintaining Covid pathways and capacity, as well as continued recovery of routine/planned care services. It was advised that NHS Guidance in relation to Phase 3 (July 2020 - March 2021) recovery of urgent and routine elective was imminently awaited.

The Director of Commissioning, Strategy and Delivery at TV CCG advised that owing to the fact that there had not been the level of routine and planned surgery that would have ordinarily have taken place there were significant waiting list pressures. TV CCG was currently examining how better use could be made of the independent sector in order to reduce those backlogs. It was also acknowledged that there could be further peaks of COVID whilst the NHS was dealing with the normal challenges presented by winter.

During the subsequent discussion the following points were made:-

- Staffing would continue to be an issue for the foreseeable future and COVID-19 had placed a significant burden on staff. The importance of digital technology in providing solutions was highlighted, however, the importance of recognising that not all residents in the Town had access to digital technology and there was a need to ensure that existing health inequalities were not further widened as a result.
- The importance of building resilience in communities could not be over emphasised.
- In response to a query in respect of the availability of flu vaccines it was confirmed that the number of vaccines available for 2020/21 had been increased significantly.
- Concerns were raised in respect of the poor accessibility of dental care services during lockdown and it was advised that although TV CCG did not have responsibility for commissioning dental care services these concerns would be raised with the relevant commissioners.

The panel was also advised that efforts were currently being made to establish a wellbeing network to provide lower level mental health support (beneath the level of provision currently provided by TEWV) to build up people's resilience and help people to help themselves.

AGREED that the information presented be noted and used to assist the panel in selecting its review topics for 2020/21.

20/4

SETTING THE SCRUTINY PANEL'S WORK PROGRAMME 2020/2021

The Democratic Services Officer advised that the purpose of the item was to invite the scrutiny panel to consider its work programme for 2020/21.

Information and views had been obtained from a number of sources and a list of topics, which were anticipated to be of particular interest to the scrutiny panel, were detailed in the submitted report.

Members were advised that the topic of 'Opioid Dependency: Where do we go next?' had been carried over from last year, and it was envisaged that the scrutiny panel would receive its final evidence, in respect of that review at the earliest opportunity.

The submitted report proposed topical issues for the scrutiny panel's consideration, such as:

- Inclusive growth - alignment of town regeneration and health goals;
- The first 1001 days;
- Diabetes support for BAME communities;
- Arthritis support for young people;
- PFI scheme at James Cook Hospital;
- Prison Release and
- Women's health and infant feeding.

Members were advised that updates on previous reviews that had been undertaken by the Panel were required in including an update on Vulnerable and Fragile Health Services and Breast Radiology Diagnostic Services.

Members were advised that the topics outlined were merely suggestions and the content of the scrutiny panel's work programme was entirely a decision for the scrutiny panel to make.

An aid had been attached at Appendix 1 of the submitted report to assist Members in prioritising issues where scrutiny could make an impact, add value or contribute to policy development.

It was recommended that the scrutiny panel identified two topics it would like to include in its work programme. It was commented that those topics would then be submitted to the Overview and Scrutiny Board for approval.

A Member commented that when discussing the work programme, it was important for the scrutiny panel to select those topics whereby scrutiny could have the biggest impact.

In light of the issues discussed, the Democratic Services Officer confirmed the topics that had been agreed.

AGREED

That the topics listed below be submitted to the Overview and Scrutiny Board for approval and inclusion in the work programme of the Health Scrutiny Panel for 2020/2021:

Full Review:

- Opioid Dependency: An emerging issue (carried over from 2019/2020);
- Inclusive Growth - Alignment of Town Regeneration and Health Goals; and
- The First 1001 Days.

Short Review:

- PFI Scheme at The James Cook University Hospital.

20/5

PROPOSED SCHEDULE OF MEETINGS - 2020/2021 MUNICIPAL YEAR

The proposed schedule of Health Scrutiny Panel meetings for the Municipal Year 2020/21 were approved by the panel.

20/6

OVERVIEW & SCRUTINY BOARD - UPDATE

The Chair advised that:-

- On 21 May 2020, the Overview and Scrutiny Board had considered the draft COVID-19 Recovery Plan and an update from Children's Services.
- On 11 June, the Board had considered an update on the COVID-19 Response and Recovery Plan, an update from the Executive Member for Environment and an update on COVID-19 recovery plans for Environment and Infrastructure.
- On 2 July, the Board had considered an update from the Mayor; the Covid-19 - Response, Recovery and Local Outbreak Plans and a Covid-19 Update on Health, Adult Social Care and Public Health.

NOTED