

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Monday 6 December 2021.

PRESENT: Councillors D Coupe (Chair), D Davison (Vice-Chair), R Arundale, A Hellaoui, D Rooney, C McIntyre and J Walker (Substitute for P Storey)

ALSO IN ATTENDANCE: D Ahmed

OFFICERS: M Adams, S Bonner, J Bowden and C Breheny

APOLOGIES FOR ABSENCE: Councillors A Bell, T Mawston and P Storey

21/109 **DECLARATIONS OF INTEREST**

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

21/110 **MINUTES - HEALTH SCRUTINY PANEL - 1 NOVEMBER 2021**

The minutes of the Health Scrutiny Panel meeting held on 1 November were submitted and approved as a correct record.

21/111 **HEALTH INEQUALITIES - TEES VALLEY REGENERATION INITIATIVES**

The Chair advised that, due to the unavailability of the Chair of the Tees Valley LEP, this item would be deferred to a future meeting.

21/112 **OPIOID DEPENDENCY - UPDATE**

The Chair introduced representatives from the Council's Public Health Department and Foundations Medical Practice to provide an update on actions relating to the Panel's report into opioid dependency.

The Panel heard there was a significantly higher death rate relating to drug misuse in the North East than in other English regions. Based on 2018-20 figures Hartlepool and Middlesbrough had two of the highest rates for drug misuse or poisoning deaths, with only Blackpool showing higher figures.

The latest provisional data for alcohol related deaths showed there had been a significant increase in deaths from alcohol causes between 2019 and 2020. Indeed, while the data was needed validating it was possible alcohol related deaths in 2020 increased by 66% which equated to approximately 100 people. Although there were complex factors to explain this, government data showed alcohol consumption had undoubtedly increased since the covid-19 pandemic.

The Clinical Partner from Foundations Practice explained that Foundations Medical Practice was a specialist practice that supported individuals suffering from substance misuse, especially through the Heroin Assisted Treatment project (HAT). The programme was created in light of Middlesbrough's high drug related deaths and drug related harms. While the main treatment was methadone between five and 10 percent of individuals in receipt of this failed to benefit from it. Failure to benefit from such treatment often led to individuals being trapped in a cycle of criminal activity.

It was noted that participation in programmes like HAT required significant commitment both to receive and maintain treatment. However, when individuals did so they could link in with other care coordinators to address any other complex needs they may have, including mental and physical health needs.

The Panel heard HAT had been operating for two years since October 2019 and was funded for 10 individuals and that the programme was full. The Panel was shown a walkthrough video

of the clinic and how treatments were administered.

The programme had been independently evaluated by the University of Teesside and was undergoing evaluation by Durham University and the London School of Tropical Medicine to understand the programme's impact. The results of the evaluation will be available in April 2022 however preliminary results showed a high level attendance and that regular attendance benefitted participants everyday lives.

The programme had seen full engagement by participants who had also benefited from other, non-compulsory, enhancements such as psychosocial interventions.

Overall, participants reported significant improvements in their mood, psychological health, mental health and social situations with some having been street homeless prior to engaging with the programme.

As a result of the programme there had been a 60% reduction in criminal behaviour as well as a reduction in the median crime severity score with anecdotal evidence from the Police to support this.

The Panel was shown examples of similar successful facilities in different parts of Europe and heard some had been operating for 20 years with no drug related fatalities despite the number of injections that took place within them.

The Panel heard several other projects and initiatives were linked to HAT including project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) as well as key stakeholders such as the Strategic Homelessness lead. For all projects there was a need for a flexible system-wide approach and to continue setting up relevant governance and steering structures such as the Lived Experience Board.

It was noted that given various changes within the NHS, the role of Health Scrutiny was crucial to hold the various agencies to account.

A Member queried how easy it was for people to access the HAT programme given the level of commitment involved and what support, if any, was provided to participant's families especially where Children were involved. It was clarified that those engaging the programme were more prepared to travel and to commit to the regularity of the treatment, with many of the individuals on the programme lived relatively close to the clinic. It was also commented that most participants in the programme had a substance misuse problem for at least 20 years and had experienced some life trauma, such as a disconnectedness to children, but that treatment helped to reconnect them. The Panel also heard that access to services was very open, with some individuals self-presenting being prescribed alternative medication within 20 minutes.

The Panel heard that £300 million investment was being made by government toward drug enforcement and disruption and in line with Dame Carol Black's recommendations, £780 million of investment would be made over three years towards treatment and recovery. This also meant that Project ADDER would be extended for two years to March 2025.

A Member queried if individuals could be redirected to other alcohol and drug services. It was clarified that across all drug and alcohol services, including Project ADDER and Changing Futures approximately 2,000 people received treatment in one form or another. While it was difficult to measure numbers of participants, more exact usage figures would become clearer in the following 12 months.

A Member sought clarification between assisted treatment and overdose prevention and their uses between Scotland and England respectively. It was clarified that that assisted treatment was evidence based and supported by the Home Office and classed as a pharmaceutical intervention. Overdose Prevention, however, was not supported in the same way and was, strictly, illegal. The Member suggested that lobbying be undertaken to class overdose prevention the same as assisted treatment in order to help as many individuals as possible. It was also clarified there was a misconception surrounding Overdose Prevention sites in that it was believed they encouraged increased drug use. This was not the case, however, and instead removed existing drug misuse from the street into a more controlled environment.

It was agreed that lobbying, in the form of written representations, should be undertaken by

the Panel but it was acknowledged that changing the status of Overdose Prevention sites was a challenge.

It was noted that services were improving and adjusting to such a degree that more and more people were able to stabilise their lives even if complete abstinence was not possible. Switzerland was used as an example whereby both Assisted Treatment and Overdose Prevention sites operated side by side which had radically altered drug misuse in the country.

It was further clarified that as part of the additional funding from government, £300 million would be used for enforcement purposes over the first three years of a wider 10 year strategy.

The Chair thanked all involved for the presentation.

ORDERED that:

1. Efforts be made for the Panel to visit the Overdose Prevention Ambulance
2. Statistics presented to Members regarding drug and alcohol deaths be circulated.
3. The Panel produce written representations in support of Overdose Prevention Sites that can complement the work of Assisted Treatment sites.
4. The information presented be noted.

21/113

COVID-19 UPDATE

The Director of Public Health for South Tees provided the Panel with an update on latest Covid-19 situation. The Panel were advised that the information presented only touched on the impact of the Omicron Variant.

Middlesbrough's infection rate per 100,000 stood at 316 placing it 135th in England. Ultimately, while rates were high they were not as high as other parts of the country. Community transmission was also quite stable.

When examined by age range the 40-44 year old and the 10-14 age groups saw increases. However, these were not as high as they had been in October. Public Health had contacted schools recommending the implementation of wearing face coverings in communal areas and other measures that could help reduce infection.

In specific cases where infections were high in schools the Public Health team worked with those schools to issue letters to parents.

Hospital rates were in the 50s for South Tees with seven people in critical care which was a consistent trend. This was in contrast to over 200 inpatients in January 2021. However, it was noted that while the vaccine programme had assisted with this decrease the hospital system remained under strain.

Mortality rates were also improved on previous waves.

In terms of vaccination rates; 75% of people had received a first dose of the vaccine with just under 67% having both doses. As with previous updates vaccine take up rates began to decline when examining younger age groups.

There were still areas of the town that had low take up rates of the vaccine which were likely to suffer disproportionately from Covid-19 infections. Public Health were continuing to work to improve this situation.

With regard to the Omicron Variant; initial data suggested it was more infectious than the Delta Variant, which itself was more infectious than the Alpha Variant. There was also some evidence from South Africa that there was a greater reinfection rate. However, there was also initial evidence to suggest that the vaccine provided protection against severe illness.

It was, nevertheless, difficult to translate the South African experience into the UK experience. Based on this information, however, all adults over the age of 18 would be provided the opportunity for the vaccine booster although there was some confused messaging around this.

Government advice had been released about increasing capacity around Primary Care and community pharmacy sites.

It was confirmed that there were no cases in the Tees Valley but given the rising numbers nationally this would be an inevitability.

The Chair queried if Middlesbrough would follow other areas in seeing Omicron cases as it had with other variants. It was clarified that the spread of Omicron would be random depending on contacts. One of the only ways to limit such a spread would be an intensive contact trace regime and encouraging isolation periods.

A Member sought clarification on the strategies being used to encourage people to get the vaccine. It was clarified where vaccines were taken to communities there was, generally, good take up rates with pop up sites continuing as a result. It was noted that targeted communications required navigating Data Protection issues, but general communication and work with community champions continued. This allowed conversations that could help reduce concerns over the vaccine. The Member commented there had been a successful vaccine take up programme via the Community Hubs which brought vaccination sites within close reach of communities.

A Member queried what could be done to encourage more people to wear face coverings in appropriate settings. It was clarified that while work was being undertaken by the Council in terms of messaging and application, any enforcement action was the responsibility of the police.

The Chair thanked the Director of Public Health for his update.

ORDERED: that the information presented be noted.

21/114

CHAIR'S OSB UPDATE

The Chair advised the Panel that at the last meeting of the Overview and Scrutiny Board on 9 November, the Executive Member for Environment, Finance and Governance provided an update on his portfolio but given its breadth only the Environment element was covered during the meeting.

As part of the presentation the Board was made aware of the different services within the portfolio with Environment being the most visible

The priorities for the Executive Member's portfolio included:

- Improving the cleanliness of the town and the physical environment;
- Developing and implementing the green strategy;
- Improving the highways (although this was challenging due to pothole reappearance);
- Light Up The Town – an initiative to attract people to the town and showcase what was good in Middlesbrough and;
- A drive to improve front line services in the wake of the pandemic.

The Chief Executive also provided an update to the Board including how, at the time of the meeting, the Covid-19 situation remained largely unchanged and that numbers remained high, although not as high as other places.

There had been a slight increase in the 60+ and the 20-39 age groups which was concerning but was being monitored. In terms of vaccination uptake; there was positive signs of improvement but Middlesbrough was starting from a low base.

The Board was also advised that the Government's PLAN B could affect reoccupation of Council Buildings.

The Board also received an update on Executive decisions including a report identifying there was a £4.1 million overspend which was being met with reserves.

There were no new budget savings if Council approved a 2.99% Council Tax increase and

there was a need for political approval for priorities affecting all children and young people in the town not just those in receipt of care.

The Board also approved the Economic Development, Environment and Infrastructure Scrutiny Panel's final report into Middlesbrough Regeneration - Post Covid-19 and received updates from individual scrutiny chairs.

The Chair advised the panel that the meeting was available on the council's YouTube channel.

ORDERED: that the information presented be noted.

21/115

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

None.