Middlesbrough moving forward

Legal and Governance

HEALTH SCRUTINY PANEL

Date: **Tuesday 8th February, 2022**
Time: **4.00 pm**
Venue: **Virtual**

Please note this is a virtual meeting.

The meeting will be livestreamed via the Council's YouTube channel at Middlesbrough Council - YouTube

AGENDA

1. Apologies for Absence

2. Declarations of Interest

   To receive any declarations of interest.

3. Minutes- Health Scrutiny Panel - 11 January 2022 — 3 - 8

4. Prospect Surgery - CQC Inspection Update — 9 - 10

   Representatives of Prospect Surgery and Tees Valley CCG will be in attendance to provide an update on actions arising from the CQC inspection.

5. Health Inequalities - An educational perspective — 11 - 20

   The Council's Head of Achievement and Public Health Improvement Specialist will be in attendance to provide information about how improved educational outcomes can improve health inequalities.

6. Covid-19 Update

Mark Adams, Director of Public Heath (South Tees) will be in attendance to provide an update on COVID-19 and the local Public Health / NHS response.

7. Chair's OSB Update

8. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Monday 31 January 2022

MEMBERSHIP

Councillors D Coupe (Chair), D Davison (Vice-Chair), R Arundale, A Bell, A Hellaoui, T Mawston, D Rooney, C McIntyre and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Scott Bonner, 01642 729708, scott_bonner@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 11 January 2022.

PRESENT:	Councillors D Coupe (Chair), D Davison (Vice-Chair), R Arundale, A Bell, A Hellaoui, T Mawston and D Rooney
ALSO IN ATTENDANCE:	C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG), K Hawkins (Director of Commissioning Strategy and Delivery (Primary & Community Care, TVCCG), R McMahon (Secretary Cleveland Local Medical Committee).
OFFICERS:	S Bonner, C Breheny and G Nicholson
APOLOGIES FOR ABSENCE:	Councillors C McIntyre and P Storey

21/111 **DECLARATIONS OF INTEREST**

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

21/112 **MINUTES - HEALTH SCRUTINY PANEL - 6 DECEMBER 2021**

The minutes of the Health Scrutiny Panel meeting held on 6 December 2021 were submitted and approved as a correct record.

21/113 **SOUTH TEES NHS TRUST - BIANNUAL PERFORMANCE UPDATE**

The Chair welcomed the Deputy Director of Patient Safety, Associate Medical Director and Chief Nurse from South Tees NHS Trust to the meeting. The Trust thanked Members their invitation and informed the meeting it had been a difficult year for the Trust.

The Trust had provided more than 4,000 patients with Covid-19. Given current Inpatient levels and increasing infection rates, this was likely to expand. Most of those patients had been treated for the Omicron variant.

As Middlesbrough had the highest infection rate in the Country it was hoped this would help focus people's minds. It was recognised the community in South Tees had been appreciative of health care staff during the pandemic who had performed very well in difficult circumstances.

It was commented that staff in Critical Care continued to treat young people who had not been vaccinated.

The Trust's response to the Covid-19 Pandemic continued to be clinically led with the rapid establishment of a Command and Control centre which assisted service delivery both from a strategic and tactical perspective.

Operationally, Members were advised hospital sites had been separated into red and green pathways, with the latter created for those in receipt of routine and urgent care without risk of contracting Covid-19.

The Trust continued to have daily tactical and strategic meetings to ensure patients continued to receive the care they needed, such as cancer treatments and urgent surgery.

The overarching aim for the Trust was to keep both patients and staff safe.

Members were made aware patient feedback was very positive. Examples included the CQC's 2020 Children and Young People's Survey which showed results had either been maintained or improved upon from the previous year. The results placed the Trust among the nation's top performers.

Positive results were also seen in the Adult Inpatient Survey which placed the Trust consistently above the national average for inpatient medical care. This was the same for medical care

which, despite the impact of Covid-19, remained above the national average. This was a testament to the wider improvement journey the Trust was on.

The Panel heard clinical teams had continued to perform to the highest standards especially those within the cardiothoracic and neurosurgery centres which were among the highest performing in the country.

Over 46,000 patients requiring an overnight stay were cared for by the clinical teams, as well as over 79,000 patients who were able to return home the same day after receiving their clinical treatment.

Emergency and Urgent Care staff had been able to treat over 665,000 outpatients as well as attending to 150,000 urgent and emergency attendances despite the challenging circumstances.

Importantly, Community based staff had delivered more than 1.25 million patient contacts.

Despite the challenges, more than 4,400 babies had been delivered safely which was a testament to the vaccination programme and the efforts of health care staff.

In terms of the Omicron variant; the Trust was keen to emphasise the vaccine was safe and effective. 95% of staff had had at least two doses of the vaccine.

While Covid-19 continued to pre-occupy the health care system, winter pressures were acute. While the Trust was managing well, a toll was being taken on staff and resources. It was emphasised the community could protect themselves and access health services at points other than emergency care, which would help alleviate pressures. Unlike other Trusts, South Tees had not declared a Major Incident which was a testament to the hard work of staff.

The Chair, on behalf of the Panel, thanked all staff across the Trust for their continued dedication and hard work.

A Member sought clarification regarding the numbers of Covid-19 inpatients. It was clarified there were 142 patients across the Trust with seven patients being treated in Critical Care. It was also clarified there was no age breakdown available but from clinicians' experience most of those Covid-19 inpatients were unvaccinated. It was also clarified that while Covid-19 numbers were relatively low this still added pressure to an already stressed system.

The Chair reminded the meeting that caution should continue to be exercised.

A Member queried, due to the lack of opening windows in James Cook hospital, if this posed a problem for effective ventilation and therefore increased risk to staff and patients. It was clarified while areas of the hospital did not have good ventilation the use of isolation areas and effective PPE equipment helped to contain the spread of the virus. It was noted the Trust's Estates Services had played a vital part in a non-clinical role of combatting Covid-19.

A Member queried how rules from the 1st April regarding unvaccinated staff and their entitlement to work, would impact on the Trust. It was clarified 5% of staff in the Trust had received their vaccine. Consequently, the number of staff yet to receive the vaccine was small in real terms. It was also clarified that some staff had been unable to receive the vaccine at the point of rollout but work was underway to ensure those staff received it.

A Member queried if there were any further initiatives to improve vaccination take-up. The Member also commented that recent pop-up initiatives of taking vaccination centres into the community had proven to be very successful.

A Member commented that vaccine take-up was low in her ward and that pop-up initiatives would have benefit there. It was also commented that awareness of the vaccine needed to be stepped up and that consideration needed to be given to none social media users.

The CCG commented they were heavily involved in the vaccination programme and helped to inform where pop-ups should be placed. While there had been positive levels of vaccine take-up prior to Christmas, this had reduced significantly despite there being adequate vaccines and vaccinators. It was also commented that local pharmacies also distributed the vaccine and there

was a need to consider over reliance on digital channels. It was noted that any suggestions from Members would be welcomed as this remained a challenge.

A Member commented that a significant obstacle was entrenched religious views.

The Chair thanked South Tees Trust for their attendance and expressed the Panel's thanks for their continued efforts.

ORDERED: That the information presented be noted.

21/114 **HEALTH INEQUALITIES - A PRIMARY CARE PERSPECTIVE**

The Chair welcomed the Secretary of the Cleveland Local Medical Committee (LMC) who provided Members with information relating to how GP Practices could contribute to the Health Inequalities agenda.

Members were advised the LMC was the statutory body representing GPs and GP Practices. The LMC, by extension, also represented Primary Care Networks (PCN) and worked closely with Clinical Directors as part of the primary care collaborative.

One of the primary aims of GPs was to provide cradle to grave care for all. GPs also provided services that overlapped with Urgent Care services as well as undertaking roles to monitor long term illnesses and administer the appropriate medication to manage those conditions.

It was commented that GPs strived to offer better services, and in some cases diversified their service offer, such as Foundations Practice. However it was recognised there were pressures on GP Practices that were not present in the past.

Members were made aware that GPs were essentially individual businesses that received a relatively small amount of the larger NHS budget which equated to £15.9 billion out of £176.5 billion respectively. There were additional funding streams available including weighted funding for age and gender as well as disease prevalence.

There were several challenges facing GP Practices including a reduced number of staff with 1,139 fewer GPs than in the previous years as well a 24% increase in appointments delivered versus 2019. These pressures often led to media stories which could exacerbate the issue.

In light of such longstanding issues Primary Care Networks (PCN) were introduced to try and alleviate them. PCNs were a group of practices working together although additional resource allocation was limited. There were three main PCNs in Middlesbrough with some crossing over with networks in Redcar and Cleveland.

One of the aims of PCNs was an increased focus on population health which included engaging with seldom heard patients and increasing collaboration with community providers. While PCNs were able to secure additional staff and funding to assist with the Covid-19 vaccination programme, it was recognised this affected the main objectives of the PCNs. It was noted that any under spent budgets could be prioritised for deprived areas.

One of the most significant successes of PCNs was the alignment of care home patients to one Practice, as previously this was quite nebulous.

Further positives from the creation of PCNs was the ability for GPs to contribute to complex medical reviews, cancer treatments and social prescribing. It was commented that social determinants of health were more likely to have an impact on health inequalities.

Members were also made aware that 75% of Covid-19 vaccinations had been administered via the PCN model. Similar social trends relating to vaccination take-up had been observed by GPs; namely that lower take-up rates tended to be in more deprived areas.

With regards to Health Inequalities; there was a new requirement for GPs to work with their communities to try and reduce inequalities and this was planned for a 2021 implementation. However, this was delayed by Covid-19. It was commented that current work pressures were preventing work on this requirement.

However, there were several factors known to GPs that contributed to health inequalities. For example, 10% of service users consumed 40% of practice resource. This was partly explained by the pressures of modern society and the ability for patients to look up symptoms online. There was also a decline in community support that was present previously.

It was commented that screening services, such as heart checks and smear tests, tended to be lower in more deprived communities and it was here that GPs could work to engage more closely with their communities to try and understand those issues better. It was recognised that initiatives that took care into the community such as Heart Checks taken to places of work, had more success than centralised services.

It was commented that some members of the community preferred walk-in facilities rather than making appointments, such as contraceptive access. Members were advised that this service, especially fitting long term contraceptives, had recently been reduced. With family planning clinics no longer offering repeat prescriptions for the contraceptive pill it was commented the impact of this was still to be understood.

While digitisation of services was seen as a benefit, this did not create additional resource for Practices to see patients. Digitisation also negatively impacted patients who did not know how to use or afford the required technology.

There was also a significant number of patients who did not qualify for free prescriptions but who could not afford to pay for repeat prescriptions.

The CCG's Director of Commissioning, Strategy and Delivery (Primary & Community Care) advised the Panel it would be helpful for the CCG to return to the Panel and provide an overview of how the challenges and constraints identified were being addressed by commissioners.

It was noted that while the Covid-19 Pandemic had affected initiatives associated with health inequalities a great deal of work was being undertaken by the CCG, PCNs and the Local Authority.

A Member commented that current funding levels for GP Practices was insufficient to meet demand and that more should be available as social inequalities would only exacerbate health inequalities. The Member also queried what initiatives were in place to recruit more staff to GP practices.

It was clarified that while staff shortages were currently acute there had always been a shortage of GPs locally.

A Member commented that health inequalities was a complex topic and while financial investment would help, social responsibly was also an important factor.

A Member queried if a replacement sexual health service had been installed to replace a previously closed one. The Member also raised concern over recent plans to change prescription services to the over 60s.

A Member queried if the improvements needed for local health services would be realised post Covid-19. While it would require significant discussion and planning, several initiatives had been proposed. For example, hospital speciality doctors working in GP hubs which would enable health services to be taken to communities. However, this would require investment in infrastructure such as premises.

A Member commented on the current messaging used to demonstrate welfare rights and how Primary Care could contribute to that agenda. It was confirmed that an update on this would be brought back to a future meeting of the Panel.

A Member queried if there was data was available to compare funding streams across health and local government areas to make further understand the links between poverty and health inequalities in different parts of the country. A discussion took place regarding the national funding formula, and funding for Health and Social Care more generally, and how increased funding could actively contribute to the health inequalities agenda.

Members were advised that a key challenge for the health sector was the corollary of an ageing population and the increased prevalence of complex medical needs and manage quality of life effectively.

The Chair thanked the representatives from the LMC and the CCG for their attendance.

ORDERED that:
1. The CCG attend a future meeting of the Panel to discuss how the challenges identified were being addressed from a commissioner's perspective.
2. To understand if a replacement sexual health service was installed to replace the previously closed town centre service.
3. That the information presented be noted.

21/115 **HEALTH INEQUALITIES - AN EDUCATIONAL PERSPECTIVE**

This item was deferred to the Panel's meeting to be held on 8th February 2022.

NOTED.

21/116 **COVID-19 UPDATE**

The Chair welcomed the Public Health Specialist and invited him to provide the Panel with an update on the Covid-19 situation.

The Panel heard that infection rates in Middlesbrough had risen significantly and equated to a 47% increase. Such increases were reflected across the Tees Valley. However, this was in contrast to the previous increase of 246% the week before and infections seemed to be slowing down.

Infection rates were highest with the 20-39 and 40-59 year old age ranges which was affecting front line services as this was working age population. Infections in 0-19s were also increasing, most likely due to the return to school.

While there had been a rise in the number of patients admitted to hospital this was not significant compared to previous waves. A similar picture was found with deaths, in that two had been recorded but this was small compared to previous waves.

Vaccination take up remained comparatively low with areas of higher deprivation experiencing the lowest levels of take-up. It was recognised this was a complicated issue and that work was continuing to address it. Initiatives included pop up vaccination centres in Grove Hill, the Cleveland Centre and the former Debenhams site. Work had also been undertaken with Ayresome Primary School which had offered its premises as a pop-up vaccination centre.

A Member queried if low levels of vaccination take-up could be attributed to delays between individuals receiving their initial dose and subsequent doses. It was clarified that the data could not prove or disprove that hypothesis. Ultimately, there remained a significant proportion of individuals who had not received the vaccine.

A Member commented that, despite discussion about various communication channels to promote the vaccine, they were not apparent. It was clarified the main channels of communication were via social media platforms. However, a lot of work was being done to target specific groups via word of mouth. A discussion took place regarding the optimal communication for those without social media, with suggestions such as posters and printed material being suggested.

The Chair thanked the Public Health Specialist for his attendance.

ORDERED: That the information presented be noted.

21/117 **CHAIR'S OSB UPDATE**

The Chair advised Members about information provided and updates received at the previous meeting of Overview and Scrutiny Board held on 7 December 2021.

NOTED.

21/118 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Members discussed groups in the community that were in need of additional resources and investment. Members also discussed the virtues of targeting specific groups for increased investment versus blanket increases for all groups.

NOTED.

NHS
Tees Valley
Clinical Commissioning Group

Prospect Surgery Care Quality Commission (CQC) Inspection
Briefing Note for Middlesbrough Health Scrutiny Committee
8th February 2022

1. Purpose

The purpose of this briefing note is to update the Middlesbrough Health Scrutiny Committee on the progress of Prospect Surgery in relation to the special measures being placed on them by the Care Quality Commission (CQC) following an announced focused inspection in July 2021 (report published in September 2021) and a further announced inspection in November 2021 (report published December 2021) where the practice was rated as overall inadequate.

Following attendance at the Health Scrutiny Committee in October, a three month follow up was requested by members to provide a brief update on the progress against actions identified by the CQC.

2. Inspection Summary

As the committee will be aware from previous correspondence, the inspection focused on the areas of 'safe', 'effective' and 'well-led' which have been rated as inadequate, along with all population groups. Areas of 'caring' and 'responsive' were not inspected at this time.

There were two breaches of regulations and enforcement action has been taken by the CQC, requesting evidence from the practice that they are compliant with Regulation 12 (safe care and treatment) and Regulation 17 (good governance) by 1st October 2021 and 6th December 2021 respectively.

3. Progress to Date

Meetings have been held between NHS England (NHSE), Tees Valley CCG and the practice to ensure relevant actions are being taken to address the concerns raised by CQC. The practice is working extremely hard to remedy all the issues, and have the support of the CCG, Cleveland LMC, the GP Federation (ELM Alliance) and Central Middlesbrough Primary Care Network (PCN).

The practice has continued to provide evidence which is documented in the form of a comprehensive action plan in response to the concerns outlined by CQC with regards to the Regulation 12 and 17 breaches and will ensure the information is submitted to CQC by the required deadline.

CQC undertook an announced unrated review of the practice on 18th November 2021, to follow up on information relating to the Regulation 12 breach and found that most risks identified in the last inspection had been acted upon. There were still a few areas that the Practice were encouraged to focus upon but significant improvements had been made. A link to the published report can be found here:

GP - 1-549668039 Prospect Surgery (17/12/2021) INS2-11645481711 (cqc.org.uk)

The practice understands if insufficient improvements have been made CQC may take further action in line with their enforcement procedures.

The CCG will continue to work with and support the practice and is hopeful of a positive outcome when they are next inspected.

END

This page is intentionally left blank

The Achievement Service

Ensuring that every child and young person in Middlesbrough has equal access to high quality education that increases and improves life chances, through achievement of the best possible outcomes at every stage of their learning journey and beyond.

Best Start Pathway

Created and delivered jointly with HDFT colleagues, this programme begins in the ante-natal period and offers additional contacts by midwifery, health visiting and school readiness staff to support the most vulnerable parents to be in Middlesbrough. These services work closely together throughout the time the families are on the pathway to ensure services are joined up and seamless.

The threshold criteria identified in the ante natal period for inclusion on the BSP are -

- Teen parent who is isolated/unsupported
- Teen parent who has been or are currently part of the Looked After system
- Either parent of the unborn child is a care leaver (aged 25 or below)
- Either parent has poor mental health
- Either parent is a substance user
- Domestic abuse is prevalent within the family/ household
- Either parent has had previous or is currently subject to Child Protection proceedings
- Professional judgement*
- * This will be based on practitioner judgement if, following assessment, families require additional support but do not meet any of the above categories.

The pathway went live last year, piloted in three areas of need in Middlesbrough initially and is now open to all families.

HENRY (healthy eating and nutrition for the really young)+ Fussy eaters programme

- Henry is an evidence based approach developed to support babies and children to gain the best possible start in life. It enables the whole family to make positive lifestyle changes aiming to create healthier, happier home environments and communities
- There are 8 sessions in the programme developed to improve nutrition, emotional wellbeing, parenting skills, healthy lifestyles and oral health.
- Health and Children centre colleagues have worked in partnership to develop the delivery of this programme and later a Fussy Eaters session and follow up call.
- Due to Covid we had to move from centre based delivery and worked to develop Virtual delivery timetable to enable families to have a choice to attend groups or take up 1-1 delivery option.
- Groups are delivered in a 4 week cluster with two sessions a week via Teams with Health and Children's Centre School Readiness colleagues as co-facilitators. 1-1 delivery for Children Centre School Readiness staff developed via the use of WhatsApp and more recently Teams. Families are invited to a Tech Check session to support any initial teething issues in relation to IT.
- During 2021 there were a total of 102 families completed the programmes. Numbers for the Fussy Eaters programme have increased and therefore reduced the numbers of families needing to undertake HENRY.

Play and Learn Together

8 week programme delivered jointly with health colleagues:

- Children are referred following their Ages and Stages questionnaire results if they land in the grey area (developmental delay) or the black (lack of learning opportunity at home). School Readiness staff undertake the programme with families on a one to one basis, please see data below:

- 136 families completed the programme in 2021

Of those:

- ➢94% of parents reported an increase in their confidence
- ➢100% of parents reported an increase in their child's early years skills
- ➢94% of parents reported positive changes on the early literacy questionnaire
- ➢82% of children increased their ASQ score at their ASQ review which takes place 3 months after the SR team have completed their work with the family

Ethnic Minority Achievement Team, Education Directorate

International New Arrival Protocols (INA)

- Parental interview
- Admission forms
- Safeguarding assessment,
- Language assessments and relevant signposting is completed.

INA SEND Protocol

Children who arrive with complex needs are supported through an enhanced pathway. This collaboration with the SEND and EP teams at the point of arrival is critical to ensuring timely access to appropriate education support.

Ethnic Minority Achievement Team , Education Directorate

Health Literacy:

- CMF projects in 2017-20 to close health literacy gaps. This included explanations of various points of health access – when to go to A&E, GP, 111. Visits to pharmacies, health drop ins and immunisation information.

EMAT COVID Messaging support plan:

- Blanket offer of support to all Primary, Secondary, and Special schools
- EMAT Offer of first language support to support COVID messaging.

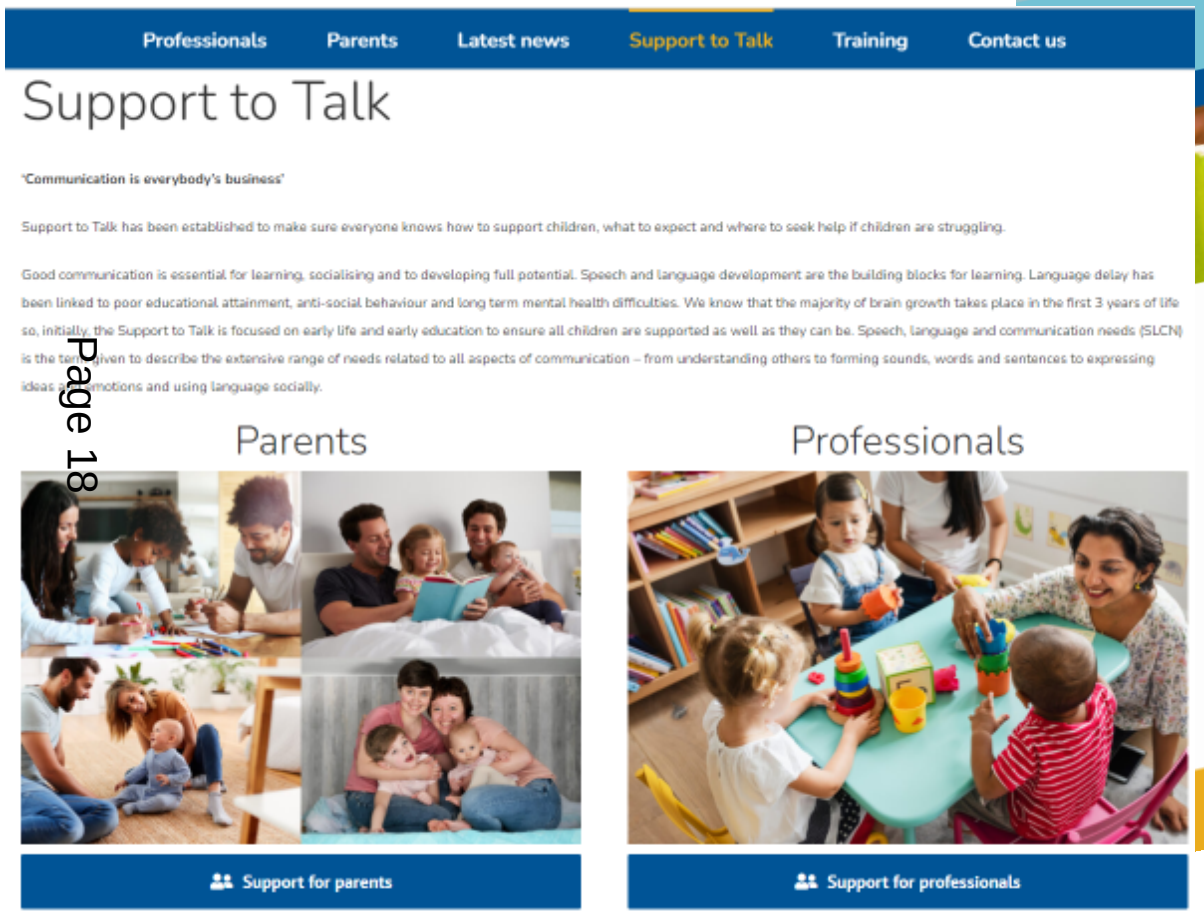
Translation of ‘Key COVID messages for Parents’ into main languages; Arabic, Romanian, Czech, Urdu. This to be updated and circulated monthly – Directorate wide to support all Children's Services teams.
Short Videos created of ‘Key COVID messages’ in main languages; Arabic, Romanian, Czech, Urdu. Uploaded to Corporate Youtube, to enable wide and effective sharing. Encourage schools to upload on school websites and social media platforms.

Support to Talk

When schools and settings returned to ‘normality’ in March 2021, it became glaringly apparent in Middlesbrough that Covid-19 had impacted massively on the speech & language skills of our youngest children in Middlesbrough. Evidence shows poor speech development can have long-term effects on learning.

As an Achievement Team, we realised we needed a resource to support both parents and professionals in helping to address the speech and language skill deficit. Working with colleagues from South Tees Speech & Language Team, *Support to Talk* was developed.

Support to Talk sits within the Learning Middlesbrough website with sections for both parents and professionals



https://www.learningmiddlesbrough.co.uk/support-to-talk/

Parents:

- ICAN stages of speech and language development chart
- Ideas to try at home to develop specific speech & language skills
- Multilingualism support
- Simple statistics as to why speech and language are so important
- How to refer into Speech & Language support and what an appointment will be like
- Useful web-based resources

Professionals:

- More in-depth statistics as to why speech and language are so important
- Activities to incorporate into settings to develop specific speech & language skills
- How to request/refer into Speech & Language support
- Information on Speech and Language programmes used widely in Middlesbrough plus CPD opportunities
- Useful web-based resources

Parents were consulted as to what words/phrases they would search for online when looking for speech and language help – *Support to Talk*

Support to Talk is a one-stop-shop for Speech and Language support in Middlesbrough, with the long-term aim to reduce the number of inappropriate referrals into an already stretched Speech and Language service

The *Support to Talk* resource will sit within the Strategic work that's currently being undertaken on speech, language and communication across a whole host of services

The Tees Valley CCG is keen to share/adapt the work undertaken in Middlesbrough across the other local authorities