

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 21 June 2022.

PRESENT: Councillors C McIntyre (Vice-Chair, in the Chair), A Bell, D Davison, D Rooney, M Storey and C Cooke

ALSO IN ATTENDANCE: C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG)

OFFICERS: C Breheny, M Adams and S Bonner

APOLOGIES FOR ABSENCE: Councillors D Jones, A Hellaoui, T Mawston and P Storey

21/2 **DECLARATIONS OF INTEREST**

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

21/3 **MINUTES - HEALTH SCRUTINY PANEL - 5 APRIL 2022**

The minutes of the Health Scrutiny Panel meeting held on 5 April 2022 were submitted and approved as a correct record.

21/4 **NHS HEALTH AND PUBLIC HEALTH - AN OVERVIEW**

The Director of Commissioning, Strategy and Delivery at Tees Valley CCG provided the scrutiny panel with information on the main areas within the CCG's remit and an outline of priorities, key issues and challenges for the year ahead. The following information was provided:

- On 24 December 2021 the NHS 2022/2023 priorities and operational planning guidance was released with a more detailed guidance document released on 14 January 2022. The guidance document set out the NHS' priorities for the year ahead, which was detailed in the presentation and covered a broad range of responsibilities that the NHS had been asked to implement over the 2022/2023 period.
- The North East and North Cumbria Integrated Care Board NENC ICB was set to replace the CCG's, from 1 July 2022, as the NHS commissioner for health care services. A number of key priorities had been identified in order to assist in the transition from one organisation to the other. This included rising to the challenges of restoring services, meeting the new care demands and reducing the care backlogs that were a direct consequence of the pandemic.
- Although services had been paused or suspended completely during the pandemic in the first quarter of 2022/2023 a significant amount of work had been undertaken to reduce the number of longest waiters i.e. those waiting over 104 weeks for surgical intervention. All of these patients had now received treatment, which was a real step forward for the Tees Valley and the broader NENC system.
- Across Teesside efforts were being made to ensure that no patients would wait longer than 72 weeks for treatment and it was expected that this standard would be achieved during the next few months. Prior to the pandemic the target time had been 18 weeks from the point of referral for surgical intervention, the impact of the pandemic had been significant but waiting times were reducing.
- There was a clear expectation that all health and care staff would be supported to maintain good health and wellbeing, with action also being taken to recruit new staff where vacancies arose. The retention of staff was a further key priority.
- There was a strong focus on improving timely access to primary care services to improve outcomes and address the health inequalities in and across the Tees Valley and Middlesbrough.
- Work was currently being undertaken to improve the responsiveness of the urgent and emergency care services in place, under the banner of a 'Case for Change' to consider how the offer could be strengthened across the Tees Valley, with a real focus on the services available across Middlesbrough. Equity of access was a key issue, as there was a real need

to ensure people had access to the urgent and emergency care services they needed irrespective of where they lived within the town.

- There was a real need to accelerate preventative programmes in the Tees Valley, as owing to the high level of inequalities diagnosis of cancer, for example, was often too late in the pathway and only identified in urgent and emergency care settings. The result was that many patients received poor outcomes due to late presentation / identification of the disease. Initiatives such as the targeted long health check aimed to identify signs and symptoms early to assist in improving outcomes for patients.
- Efforts were being made to work collaboratively across systems and places to deliver on the priorities while transitioning the CCG safely into the new ICB.
- In terms of the national asks and the regional priorities work had been undertaken to ensure these made a difference for local people.
- Shared priorities had been identified across health and social care locally for organisations within the Tees Valley. An example of the output of this work was presented and the 5 key priority themes/areas of joint working were highlighted and included; Hospital Discharge and Hospital Avoidance; Sustainability; Ageing Well; Mental Health and Prevention/Inequalities.

In response to a Member's query regarding staff vacancy levels across the NHS it was advised that this was a complex picture and varied depending on the provider organisation but this information would be sought and a summary provided to the panel. The Integrated Care Board (ICB) would launch on 1 July 2022 and a transition programme was in place. In relation to funding prioritisation it was explained that the local NHS received annual financial allocation to commission health services across the Tees Valley and occasionally there were also national funding pots to which bids could be submitted. It was therefore necessary to assess what the key priorities were for the deployment of those resources. For example, additional funding was currently available nationally to commission virtual wards. Consideration therefore needed to be given to what the best possible use of these funds would be locally to increase the chances of a bid being successful. Winter monies were another area where system bids could be submitted to increase investment locally in health service provision.

A Member queried whether any work had been undertaken to reduce the waiting times in relation to autism and ADHD assessments. In response it was advised that a significant amount of work was being undertaken through the mental health and learning disabilities collaborative to understand and address some of the concerns and the waiting times. It was advised that this issue would be taken back and an overview provided of the work that had been undertaken. It was accepted that the longer patients waited for access to services and treatment the more significant the level of impact on the outcomes the patient would expect. It was acknowledged that whilst patients were waiting for assessment they tended to access other services, reaching out for help and placing additional demand on services that did not necessarily need to be there. The priority was to bring waiting times down and ensure patients accessed the right service at the right time in order to deliver the right outcomes. An update would be provided to Members in respect of waiting times for autism and ADHD assessments.

The Director of Public Health (South Tees) provided the scrutiny panel with information on the main areas within the Public Health Team's remit and an outline of priorities, key issues and challenges for the year ahead. The following information was provided:

- The Local Authority, via the Director of Public Health, had a duty to improve health under Section 12 of the Health and Social Care Act 2012. This duty was expected to be executed through the delivery of mandated and non-mandated functions that best meets the needs of the local population (including having regard to the Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy). Information was provided in respect of the mandated functions alongside the non-mandated functions that were conditions of the public health grant.
- As part of its Public Health functions, Local Authority's had a duty to participate in the Local Health and Well-Being Board and together with the Clinical Commissioning Group (CCG) had a duty to publish; a Joint Strategic Needs Assessment (JSNA), Joint Strategic Health and Well-Being Strategy and a Pharmaceutical Needs Assessment (PNA).
- There were a number of issues Public Health was trying to fix and these included; addressing inequalities in life expectancy and health outcomes; reducing mortality and morbidity from preventable causes; ensuring local population health was protected from infectious and communicable diseases. The 'big ticket' items within this were creating environments for healthy food choices and physical activity; protecting health; preventing ill-health; reducing vulnerability at a population level and promoting positive mental health and

emotional resilience.

- The Public Health team's approach was based on a place based framework to deliver a high impact, population health approach, by tackling the causes and providing solutions at the civic, community and service level. Public Health's value proposition consisted of 5 programmes, 4 business imperatives and 3 levels of intervention across the life-course.
- The relevant strategic plan priorities were highlighted and focussed on working to address the causes of vulnerabilities and inequalities in Middlesbrough and safeguard and support the vulnerable. In addition to showing Middlesbrough children that they mattered and working to make the town safe and welcoming and to improve outcomes for all children and young people.
- There were a number of key issues and opportunities for 2022/2023. In terms of relationships there was a need for Council wide (and wider partner) buy-in to develop and implement wider policy change; potential to build on whole-council response to covid-19; build the role of the HWB to be the key driver across partners; build mutual agendas with NHS – FTs and PCNs. With regard to capacity and capability there was a need to deliver the right balance as a South Tees Service, continue to build the Live Well Centre concept into Town Centre plans and enhance the role played by Community Wealth Building and Anchor Institutions to improve health outcomes. The uncertainty around success was that many of the programmes in place across South Tees were a direct result of the Public Health team securing financial resources from the Sport England Programme, Changing Futures Programme and Project Adder. These funding streams were non recurrent and an exit strategy would be needed. It was anticipated that funding would continue in some form however there was no certainty at this stage.

In response to a Member's query regarding accessing NHS dentistry services the Director of Public Health advised that he had recently been asked a question on this in relation to asylum seekers but appreciated it a wider issue and many families were facing difficulties in accessing an NHS dentist. A response had been prepared that could be shared with the panel. It was highlighted NHS England had responsibility for commissioning NHS dentistry services and over the next 12 months a piece of work would be undertaken to transition that responsibility over to the Integrated Care Board (ICB).

AGREED that further information be provided to the panel in respect of the queries raised by Members regarding current autism / ADHD assessment waiting times, NHS staff vacancy levels and access to NHS dentistry services.

21/5

SETTING THE SCRUTINY PANEL'S WORK PROGRAMME - 2022/23

The Democratic Services Officer presented the submitted report. The following information was provided:

- At the start of every municipal year, panel members discussed the topics that they would like to review during the coming year.
- Work programmes were useful as they provided some structure to a scrutiny panel's activity and allowed for the effective planning and preparation of work.
- Referenced in the report was a list of topics which were anticipated to be of particular interest to the scrutiny panel.
- The topics that had been agreed last year, which had not been investigated were PFI schemes at James Cook University Hospital, Women's Health and Infant Feeding and Dental Health
- The topical issues referenced in the report were - the delivery plan for tackling the COVID-19 backlog of elective care, the Khan review: making smoking obsolete, mental health care of children and young people post COVID-19.
- The suggestions received for the scrutiny panel's consideration were – British Sign Language Act 2022, dental health and the impact of COVID-19, women's health and access to GP services.
- When considering its work programme, the scrutiny panel was asked to ensure that topics agreed for inclusion met the criteria detailed at paragraph 13 of the report.
- A prioritisation aid was included at Appendix 1 to enable Members to determine topics where scrutiny can 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, those would then be submitted to the Overview and Scrutiny Board for approval.

A Member put forward a suggestion that the scrutiny panel investigated the topic of the quality and accessibility of GP services in the town. With a view to establishing what sort of wait times there were across the town, to consider the key statistics regarding the quality of GP services and the challenges faced locally by GP practices.

A Member made reference to the issue of dental provision and it was highlighted that registering with an NHS dentist was a major issue across the town. A consultation was also currently being undertaken with regard to a possible merger involving three small dental practices in Middlesbrough moving to form part of a super amalgamated dental practice, which would be outside of the town. Provision was therefore a key issue and it was felt that there would be real benefit in the panel considering this topic in 2022/2023.

A Member commented that it would be useful for the panel to have some information provided on how the new neurological pathway for children was operating and the impact it was having on access to services.

A Member expressed the view that it would be useful to have some degree of investigation into the North East Ambulance Service (NEAS) given that there had been some horrifying stories on how the strains on the ambulance service had left some people in desperate situations. It was advised that this issue had been taken up by local Members of Parliament in a debate in the House of Commons recently. However, Middlesbrough's Health Scrutiny Panel had undertaken a piece of work in 2009 in respect of proposals put forward by NEAS at that time to relocate the contact centre from Teesside to Hebburn. Many of the concerns raised at that time in respect of loss of regional knowledge / future impact on the service had since materialised. It was therefore felt that it would be useful for NEAS to attend a future meeting of the panel to discuss what measures were being put in place to ensure ambulance services were working as well as they could on Teesside.

A discussion ensued and Members agreed topics for inclusion in the scrutiny panel's work programme for 2022/23.

AGREED as follows:-

- a) 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 2022/2023:

In-depth reviews

- Dental health and the impact of COVID-19
- GP access and quality of service

Short review

- The Neurodevelopmental Pathway
- NEAS / ambulance service provision in Middlesbrough

- b) That a copy of the scrutiny report produced in 2009 in response to the NEAS consultation on the relocation of the contact centre be circulated to Members of the panel.

REGIONAL HEALTH SCRUTINY - AN UPDATE

The Democratic Services Officer advised Members a meeting of the Tees Valley Joint Health Scrutiny Committee was held on 8 June 2022 at Roseberry Park Hospital in Middlesbrough.

Members of the Joint Committee were provided with the opportunity to have a tour of the facilities including a visit to the Secure Inpatient Services at Ridgeway, the Adult Mental Health Urgent Care Service and Mental Health Services for Older People provision.

Following the tour a meeting of the Joint Committee was held and the main issue on the agenda was the Tees, Esk and Wear Valley's (TEWV) NHS Foundation Trust Quality Account document for 2021/2022. Each year the Joint Committee is requested to submit a response to

the TEWV Quality Account document. Following the meeting a copy of the Committee's response was submitted to TEWV, which reflected the discussion and views expressed at the meeting.

AGREED that a copy of the Tees Valley Joint Health Scrutiny Committee's response to Tees, Esk and Wear Valley NHS Foundation Trust's (TEWV) Quality Account for 2021/2022 be provided to all Members of the health scrutiny panel.

21/7

OVERVIEW AND SCRUTINY BOARD - AN UPDATE

The Chair advised the Panel that at the OSB meeting on 22 April 2022 the Board had considered and discussed the following:

- Executive Forward Work Programme
- School Exclusions: Discussion with Secondary Schools Representatives from Middlesbrough Secondary Schools and the Deputy Director, Regional School's Commissioner for the North Region
- The Chief Executive's Update
- The Economic Development, Environment and Infrastructure Scrutiny Panel - Final Report - The Green Strategy
- Scrutiny Chairs Update

21/8

PROPOSED MEETING SCHEDULE FOR 2022/23

A proposed meeting schedule, for the Health Scrutiny Panel, was submitted for the scrutiny panel's consideration.

AGREED That the proposed meeting schedule, for 2022/23, be approved.