Middlesbrough moving forward

Legal and Governance

HEALTH SCRUTINY PANEL

Date: **Tuesday 21st June, 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

3. Minutes - Health Scrutiny Panel - 5 April 2022 — 3 - 6

4. NHS Health and Public Health - An Overview — 7 - 20

   Verbal Report

   The Director of Commissioning Strategy and Delivery at TVCCG and the Director of Public Health for South Tees will provide the Scrutiny Panel with an overview of the main service areas within their organisation's respective remits and an outline of the key priorities, issues and challenges for the year ahead.

5. Setting the Scrutiny Panel's Work Programme - 2022/23 — 21 - 28

6. Regional Health Scrutiny - An Update

   Verbal Report

7. Overview and Scrutiny Board - An Update

The Chair will present a verbal update on the matters that were considered at the meetings of the Overview and Scrutiny Board held on 27 April and 11 May 2022.

8. Proposed Meeting Schedule for 2022/23 29 - 30

9. 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 13 June 2022

MEMBERSHIP

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

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, 01642 729752, caroline_breheny@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 5 April 2022.

PRESENT:	Councillors D Davison (Vice-Chair), A Bell, A Hellaoui, T Mawston and P Storey
ALSO IN ATTENDANCE:	C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG)
OFFICERS:	M Adams, S Bonner and C Breheny
APOLOGIES FOR ABSENCE:	Councillors R Arundale, D Rooney and C McIntyre

21/118 **DECLARATIONS OF INTEREST**

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

21/119 **MINUTES- HEALTH SCRUTINY PANEL - 8 MARCH 2022**

The minutes of the Health Scrutiny Panel meeting held on 8 March 2022 were submitted and approved as a correct record.

21/120 **HEALTH AND CARE BILL - ITS IMPACT ON HEALTH SCRUTINY**

The Chair invited the Democratic Services Officer to provide their update to members regarding the Health and Care Bill and its implications for Health Scrutiny.
The Panel was advised that a recent meeting of the National Scrutiny Officer Network a discussion about the Health and Care Bill took place. It was understood there would be reconfiguration for scrutiny. For example, currently any significant alterations to health service provision required consultation with Health Scrutiny. Should Health Scrutiny be unhappy with this change it had the power to make a referral to the Secretary of State. This power was not used regularly and only rarely in Middlesbrough.

However, the changes proposed in the Bill meant this power would no longer exist in its current format. Instead, it was proposed the Secretary of State will call the decision in rather than Health Scrutiny. As such the department for health and social care advised guidance would be issued to clarify this position.

A draft scrutiny principle document had also been produced that aimed to reinforce the importance of health scrutiny, and their envisaged role, during the transition to Integrated Care Systems.

The Health and Care Bill would be phased in, but would not commence at the same time as the Integrated Care Systems, which were intended to be active in April 2022 but have been delayed until July 2022. The power to refer issues to the Secretary of State would likely take place approximately a year after Integrated Care Systems were implemented.

One of the main objectives within the Scrutiny Principles guidance document was leaders from the health and social care sector should work cooperatively and with openness and transparency. By doing this it was intended the importance of health scrutiny's role in improve patient outcomes would be reinforced. It was intended that the Scrutiny Principles guidance document would be published in the summer.

Some of the main principles that were outlined in the document was that scrutiny should be outcome focused with a strategic approach considering how scrutiny should be best applied. The document also detailed how an inclusive approach should be adopted which would enable Integrated Care Systems to add richness to their understanding of local need.

Several comments were made to the department of health and social care regarding the scrutiny principles document. These included practical examples of what good practice should look like

and that the language used in the Principles document should be fully understood by all stakeholders. Some participants at the meeting felt there needed to be greater clarification on the role of health and well-being boards within the new system.

The Panel were shown a diagram of how the Integrated Care System would operate that had been produced by the King's Fund.

A member raised a concern that many people who did not work in, or understand the mechanics of the health system, would be confused by the proposals detailed in the presentation. It was commented that this could lead to reduced transparency and a potential lack of accountability.

The Director of Commissioning Strategy and Delivery for the Tees Valley Clinical Commissioning Group advised members that while the changes described were significant, they were not occurring in the delivery arm of the health service, where most people interacted with the NHS. Instead, the changes described concerned the governance arrangements of the NHS. It was also commented that the Tees Valley CCG had always had a strong and productive relationship with Health Scrutiny and this would continue in the future.

The Democratic Services Officer commented that the NHS had always been a complex organization and scrutiny's involvement in holding it to account had never been easily explainable.

A member commented that while they recognized the complexity of situation it was nevertheless important that health scrutiny panels had a clear understanding of their powers in light of the Health and Care Bill.

The Chair thanked the Democratic Services Officer for their update.

NOTED

21/121 **REGIONAL HEALTH UPDATE**

The Democratic Services Officer advised Members that at a recent Tees Valley Health Scrutiny Committee a number of issues affecting the Tees Valley were discussed. One of the main issues was the CQC inspection of the Tees, Esk and Wear Valley (TEWV) Mental Health Trust. During the Tees Valley Health Scrutiny Committee Members were provided with information from both TEWV and the CQC about the recent inspection and the work being undertaken to improve the situation.

While Members of the Tees Valley Health Scrutiny Committee remained concerned about the results of the inspection, they agreed to participate in a visit to Roseberry Park Hospital to tour its facilities and get a first-hand account of the improvements being made. Members were also made aware that Stockton Council had written to the Secretary of State calling for a public inquiry into this matter.

The North East Ambulance Service (NEAS) were also in attendance who provided a comprehensive update on their performance outputs. The Tees Valley Health Scrutiny Committee were reassured that, despite the challenges NEAS faced, they were one of the top performing services in the country.

The Tees Valley Health Scrutiny Committee also received information in relation to Opioid dependency and heard how there had been strong improvements on reducing high level dependency.

The Chair of the Tees Valley Health Scrutiny Committee advised the Panel the Tees Valley meeting was very informative and many interesting and important questions were asked.

NOTED

21/122 **COVID-19 UPDATE**

The Director of Public Health (South Tees) provided the Panel with an update on the ongoing response to Covid-19 and the shift to living with Covid-19.

The Panel was advised that infection rates stood at 579 per 100,000. Members were also advised testing availability was decreasing and this would likely result in a significant drop in reported infections. However, it was noted that national infection rates remained high.

It was also noted the numbers of inpatients in the Trust's hospitals remained low with analysis showing those that were ill with Covid-19 were less ill than in previous waves.

Members were advised of the Government's living with Covid-19 initiative. This included the removal of testing for students and the removal of the legal requirement to isolate. However, it was noted that guidance advised individuals with Covid-19 should continue to isolate.

Living with Covid-19 had also seen the end of Covid-19 support payments and the removal for Covid-19 to be a specific requirement on sick certifications. While there were more symptoms associated with Covid-19 there was now a move to manage these within the umbrella of other respiratory problems.

While it was much reduced, the testing regime was now focused on test to care i.e. patients in hospital; test to treat i.e. testing high risk groups in the community and test protect i.e. testing those living in high risk environments such as care homes.
In terms of local understanding there was less intelligence about infection trends due to the reduction in testing regimes. However, there was still some local intelligence with regards to vaccination rates.

While some centres were closing, such as the Riverside, Public Health teams were exploring what pop-up vaccination sites could deliver to communities. However, it was also noted that Covid-19 outbreaks could not be as easily predicted and would have to be dealt with as and when they occurred. It was also noted that, despite best efforts, local messaging of exercising caution was less effective compared to national messaging.

A Member queried if there were any statistics on Long Covid and what its impact on communities was. It was clarified that statistics could be presented but that Long Covid was somewhat indistinct and therefore difficult to quantify.

A Member commented the impact of living with Covid could have a detrimental impact on deprived communities and that extra funding should be made available to alleviate any potential difficulties.

A Member queried that, due to a reduced testing, would any advice or assistance be available to those environments that suffered a Covid-19 outbreak. It was clarified assistance would be provided through the regional health protection team who, along with the UK Health Security Agency, would still be providing supporting to high risk communities such as care homes.

Members were advised that local messaging would continue to advise people to be cautious and encourage them to get vaccinated.

The Director of Commissioning Strategy and Delivery for the Tees Valley Clinical Commissioning Group (TVCCG) advised the Panel that despite the Pandemic acute services at James Cook University Hospital continued to deliver and maintain a full elective outpatient programme which had helped to reduce long waiting times.
The Panel were also advised that there was significant community infection rates which was also affecting NHS staff.

The Panel expressed their thanks to both NHS and Public Health Staff.

NOTED

21/123 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

**** SUSPENSION OF COUNCIL PROCEDURE RULE NO. 5 - ORDER OF BUSINESS**

ORDERED: that in accordance with Council Procedure Rule No. 5, the Committee agreed to vary the order of business to consider agenda item 6, Any Other Business, as the next item of business.

The Democratic Services Officer and Director of Public Health provided an update on the recent Tees Valley Health Summit.

The Panel was advised the summit was an opportunity for key stakeholders in Health to discuss matters of significance, particularly in relation to Health Inequalities.

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Attendees at the summit were reminded of the Marmot review - 10 years on which showed that life expectancy in the North East was dropping and that health inequalities were unfair and were created by inequity in living standards.

The summit was also informed that in the summer of 2022 Integrated Care Systems and Integrated Care Boards were coming online that would hopefully see a more common approach to reducing health inequalities.

The summit also heard that one of the most significant challenges facing the Tees Valley was reducing the number of children living in absolute poverty. If this was not addressed children currently living in absolute poverty would grow up with health conditions that would further exacerbate the health inequalities problem. However, attendees were also advised that despite the challenges there were also examples of how children were given a good start in life in the Tees Valley.

The Chair thanked the Democratic Services Officer and Director of Public Health for their update.

NOTED

21/124 **CHAIR'S OSB UPDATE**

The Chair provided the Panel with an update of what was considered at the last meeting of the Overview and Scrutiny Board which included:

- an update from the Executive Member for Environment, Finance and Governance on his portfolio;.
- an update from the Director of Regeneration and Culture on Town Centre development;
- the Chief Executive's update; and
- an update from Scrutiny Chairs.

NOTED

NHS
Tees Valley
Clinical Commissioning Group

Planning and Priorities for 22/23

Craig Blair – Director of Commissioning Strategy and Delivery (NHS Tees Valley CCG)

22/23 Operational Planning Guidance

On 24th December 2021 the NHS 2022/23 priorities and operational planning guidance was released with a more detailed guidance document released on 14th January 2022. The guidance document set out the NHS' priorities for the year ahead as follows:

A. **Invest in our workforce**
B. **Respond to COVID-19 ever more effectively**
C. **Deliver significantly more elective care to tackle the elective backlog**
D. **Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity**
E. **Improve timely access to primary care**
F. **Improve mental health services and services for people with a learning disability and/or autistic people**
G. **Continue to develop our approach to population health management**
H. **Exploit the potential of digital technologies**
I. **Make the most effective use of our resources**
J. **Establish ICBs and collaborative system working**

Priorities for 2022/23 – Integrated Care Board Transition

Priorities for 2022/23 – Integrated Care Board Transition (ICB)

- Continue to rise to the challenges of restoring services, meeting the new care demands and reducing the care backlogs that are a direct consequence of the pandemic
- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Improve timely access to primary care to improve access, local health outcomes and address health inequalities
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Working collaboratively across systems and places to deliver on these priorities while transitioning the CCG safely into the new ICB.

Shared Priorities Across Health and Social Care

Local Authority priorities outlined for each borough

LA Priorities Aligned to Key Themes of Health & Social Care White Paper

White Paper Priorities

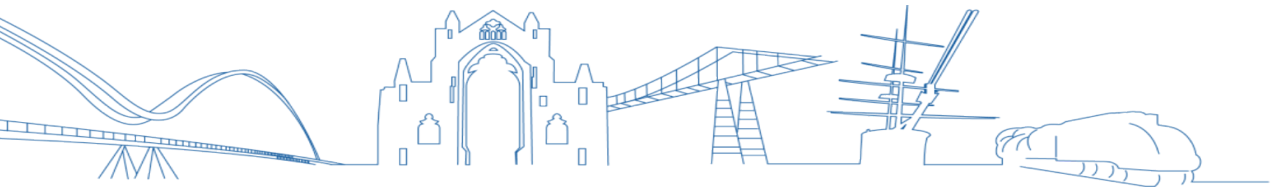
- Workforce
- Digital & Technology
- Funding Prioritisation & Service Planning
- Intermediate Care Beds
- Mental Health Improvement
- Out of Area Placements
- Inequalities / Prevention
- Therapies
- Quality & Safety
- Specialist Housing
- Investment in our Population
- 2 Hour Crisis Response
- Hospital Discharge
- Childrens
- End of Life / Palliative Care

LA Priorities Aligned to NHS themes

Local NHS Themes and priorities

- Workforce & People Plan
- Covid Response
- Elective Recovery
- Cancer
- Diagnostics
- Maternity
- Urgent & Emergency Care
- Virtual Wards
- Ageing Well
- Hospital Discharge
- Digital & Technology
- Primary Care
- Mental Health & Learning Disabilities
- Personalised Care
- Prevention / Health Inequalities
- Condition Specific
- End of Life
- Children & Young People

Shared Priorities for Tees Valley System Identified



NHS
Tees Valley
Clinical Commissioning Group

Examples of Joint Plans and Themes

Hospital Discharge & Hospital Avoidance	Sustainability	Ageing Well	Mental Health	Prevention / Inequalities
• System pressure issues from a LADB perspective - align with the Better Care Fund metrics • Prevention • Carers support (to include wider partners from the voluntary and community sector) • Intermediate Care Bed Base Modelling • Home First Services capacity, demand and resource modelling	• A healthy, motivated, skilled and diverse workforce • Everyone is able to access connectivity, technology and develop skills to enhance their life and provide access to service and opportunities	• Enhanced Health in Care Homes – delivery of contractual requirements and priorities • Development & delivery of Ageing Well and Better Care Fund priorities • Improving outcomes for older people	• Support people to remain safely and independently in their homes for as long as possible, living a healthy life, offering help to people who are feeling lonely • Everyone will be able to access mental health support where and when they need it, and will be able to navigate through the system easily	• Reduced levels of smoking, alcohol and substance misuse within the community • Making every contact count - make best use of relevant population health models of care, to ensure services are effective and tailored to the needs of the local population • Enabling people to make healthier life choices including reducing obesity levels and diabetes prevention

Any questions?

Health Scrutiny Panel

Public Health - An Overview

June 21 2022

Public Health Statutory Duties and Responsibilities

The Local Authority, via the Director of Public Health, has a duty to improve public health under **Section 12** of the **Health and Social Care Act 2012**. This duty is expected to be executed via the delivery of mandated and non-mandated functions that best meet the needs of the local population (including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy)

Mandated functions include:

- Weighing and measuring of children at reception and year 6 (i.e. the National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet screening criteria;
- Provision of sexual health services;
- Provision of Public Health advice to the Clinical Commissioning Group;
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health, including initiation, variations and termination of fluoridation; oral health promotion; oral health surveys; oral health needs assessment (subject to change)

Non-mandated functions that are conditions of the Public Health Grant:

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)

Public Health Statutory Duties and Responsibilities continued…

As part of it's Public Health functions, Local Authority's have a duty to participate in the local **Health and Wellbeing Board** of which Directors of Public must be a statutory member.

Together with the **Clinical Commissioning Group**, and via the Health and Wellbeing Board, Local Authorities have a duty to publish:

- a **Joint Strategic Needs Assessment** (JSNA)
- a **Joint Strategic Health and Wellbeing Strategy**
- a **Pharmaceutical Needs Assessment** (PNA)

Public Health: Who are we for….

Developing and delivering a universal, area-wide prevention offer with a specific focus on targeting vulnerable groups

Public Health: What are the problems we're trying to fix…

- Addressing inequalities in life expectancy and health outcomes;
- Reducing mortality and morbidity from preventable causes;
- Ensuring local population health is protected from infectious and communicable disease

Our **priority programme areas** (the 'big tickets') within this are:

- Creating environments for healthy food choices and physical activity
- Protecting health
- Preventing ill-health
- Reducing vulnerability at a population-level
- Promoting positive mental health and emotional resilience

Public Health: Our approach…

Using 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.

Civic-level:
- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives/disincentives
- Economic development & job creation
- Spatial & environmental planning
- Welfare & social care policy
- Communication; information; campaigns
- Anchor-role

Community-Level:
- Using the assets within communities, such as skills & knowledge, social networks, local groups & community organisations, as building blocks for good health

Service-Level:
- Delivering interventions systematically with consistent quality & scaled to benefit enough people
- Reduce unwarranted variation in service quality & delivery
- Reduced unwarranted variability in the way the population uses services & is supported to do so

Public Health: Our value proposition

5 Programmes	4 Business Imperatives	3 Levels of Intervention across the life-course:
▪ Creating environments for healthy food choices and physical activity ▪ Protecting health ▪ Preventing ill-health ▪ Reducing vulnerability at a population level ▪ Promoting positive mental health and emotional resilience	▪ Improved financial efficiencies ▪ Better use of intelligence to inform decision-making ▪ Building purposeful relationships with key Partners ▪ Address health inequalities with a determined focus on the best start in life	▪ Civic-level – healthy public policy ▪ Service-level – evidence-based, effective, efficient and accessible services ▪ Community-level – family of community centred approaches & place-based working for population-level impact

Public Health Strategic Plan Priorities

We will work to address the causes of vulnerability and inequalities in Middlesbrough and safeguard and support the vulnerable:

- Further develop the ' Dementia Friendly' Middlesbrough programme to improve the wellbeing of individuals with dementia and their carers, connecting communities and business
- Achieve 'Age Friendly Communities' status, thereby reducing the prevalence and impact of loneliness and isolation in Middlesbrough

Directorate Plan

- Launch and deliver an integrated model of support for Middlesbrough, bringing together services for domestic abuse, homelessness and substance misuse and development of mental health partnership provision, through the vulnerable persons model
- Develop and deliver an improved offer of support for addiction recovery through employment, housing and social / community re-integration

We will show Middlesbrough's children that they matter and work to make our town safe and welcoming and to improve outcomes for all children and young people:

Directorate Plan

- Ensure the best start in life for Middlesbrough children by reducing early health inequalities, with a focus on the first 1001 days of life

Key issues & Opportunities

1. **Relationships:**
   - Need for council-wide (and wider partner) buy-in to develop and implement key 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

2. **Capacity & Capability:**
   - Recruitment, retention and career progression;
   - Getting the balance right as a South Tees Service;
   - Build Live Well Centre concept into Town Centre plans;
   - Community Wealth Building and Anchor Institutions

3. **Uncertainty:**
   - Built on non-recurrent funding

MIDDLESBROUGH COUNCIL

HEALTH SCRUTINY PANEL

Setting the Scrutiny Panel's Work Programme 2022/23

21 JUNE 2022

PURPOSE OF THE REPORT

1. To invite the Health Scrutiny Panel to consider its work programme for the 2022/23 municipal year.

BACKGROUND

2. At the start of every municipal year, scrutiny panels discuss the topics that they would like to review during the coming year.

3. Work programmes are useful as they provide some structure to a scrutiny panel's activity and allow for the effective planning and preparation of work.

4. As part of the process for establishing the work programme, support officers gather information/views from a number of sources. Below is a list of topics which are anticipated to be of particular interest to the scrutiny panel. Members are advised that the list of possible topics is not exhaustive and that additional topics can be added and considered at the scrutiny panel meeting.

Topic carried over from 2021/22

- **Health Inequalities** (the Draft Final Report is scheduled to be considered by the scrutiny panel at its July meeting).

Topics agreed in 2021/22, which have not been investigated

- **PFI schemes at James Cook University Hospital**
- **Women's Health and Infant Feeding**
- **Dental Health**

Topical issues

Topic	Details
Delivery plan for tackling the COVID-19 backlog of elective care	Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment. The COVID-19 pandemic has had a significant impact on the delivery of elective care, meaning that many patients are now waiting longer for treatment than they were before the pandemic began. Local systems are working incredibly hard

	to recover elective services as quickly as possible. However, recovering and transforming the way the NHS delivers planned care is going to require a huge, collective effort from a range of key partners across the system. The NHS Plan for tackling the COVID-19 backlog of elective care focuses on four areas of delivery:- • Increasing health service capacity, through the expansion and separation of elective and diagnostic service capacity. • Prioritising diagnosis and treatment, including a return towards delivery of the six-week diagnostic standard and reducing the maximum length of time that patients wait for elective care and treatment. • Transforming the elective care is provided; for example, by reforming the delivery of outpatient appointments, making it more flexible for patients and driven by a focus on clinical risk and need, and increasing activity through dedicated and protected surgical hubs. • Providing better information and support to patients, supported by better data and information to help inform patient decisions, and in time, making greater use of the NHS App to better manage appointments, bookings and the sharing of information. Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)
The Khan review: making smoking obsolete The 'smokefree 2030' target is defined as 5% smoking prevalence or less in England.	A new review has been published setting out a raft of recommendations to support the government to meet its smokefree ambition by 2030 and tackle health disparities to level up the health of the nation. Almost 6 million people in England smoke and tobacco remains the biggest cause of preventable illness and death. Tackling tobacco use and supporting smokers to quit would help prevent 15 types of cancers – including lung cancer, throat cancer and acute myeloid leukaemia – a key objective of the NHS Long Term Plan. Recent data shows 1 in 4 deaths from all cancers were estimated to be from smoking. The independent review found smoking causes a disproportionate burden on the most disadvantaged families and communities – at its most extreme, smoking prevalence is 4.5 times higher in Burnley than in Exeter. Smokers in the most deprived areas of the country spend a

	higher proportion of their income on tobacco. The average smoker in the North East spends over 10% of their income on tobacco, compared to just over 6% in the South East. In an attempt to protect the population from the harms of smoking, the 4 key interventions highlighted by Dr Khan in the review are: • increased investment of an additional £125 million per year in smokefree 2030 policies, with an extra £70 million per year ringfenced for stop smoking services • raising the age of sale from 18 by 1 year every year, until eventually no one can buy a tobacco product in this country • promotion of vapes as an effective 'swap to stop' tool to help people quit smoking • improving prevention in the NHS so smokers are offered advice and support to quit at every interaction they have with health services The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)
Mental Health Care of Children and Young People post COVID-19	As highlighted the CQC's State of Care report 2020/21 report, the pandemic has had a significant impact on the mental health of children and young people. Data from Childline showed that between April 2020 and March 2021, the service carried out more than 73,000 counselling sessions about mental and emotional health. Of these, more than 5,000 were for children aged 11 or younger. This was an increase of nearly a third (29%) compared with the year before. The CQC's findings are supported by NHS Confederation's report Reaching the tipping point, which suggests that 1.5 million children and young people may need new or additional mental health support as a result of the pandemic. It highlights the uncertainty and anxieties caused by the lockdowns, the closure of schools, isolation from peer groups, bereavement, and the stresses and pressures on families as contributing factors to rises in mental health problems in children and young people. While nationally referrals to child and adolescent mental health services (CAMHS) initially fell in the early stages of the pandemic, all the areas looked at by the CQC reported that they had seen an increase in demand for children and young people's mental health services in 2021. This corresponds with the national picture as well. As well as a rise in the number of referrals to CAMHS, the CQC heard there had been an increase

	in the number of children and young people presenting to emergency departments with mental health needs. In some cases, there has been an increase in children and young people presenting with thoughts of suicide. These concerns are echoed in a June 2021 report by the Samaritans. 'One year on: how the coronavirus pandemic has affected wellbeing and suicidality' which highlighted an increase in contacts with young people about using self-harm due to the pandemic. Increased family tensions, a lack of peer contact and negativity about their future prospects were cited factors that led to mental health problems worsening. Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic | CQC Public Website

Suggestions

5. Suggestions from **Public Health** and **Tees Valley CCG**, reflecting priorities, key issues and future challenges will be conveyed at the meeting.

6. The following suggestions have also been received:

Suggestion	Details
British Sign Language Act 2022	The British Sign Language Act 2022 recognises BSL as an official language of England, Scotland and Wales. Under the new law, the government must promote BSL and make it easier for people to use it in their dealings with government agencies. A key change that many deaf people would like to see is more money for more BSL interpreters, especially in public services such as the NHS. *Suggestion from a Councillor*
Dental Health – Impact of Covid	How has Covid-19 effected dental health in Middlesbrough as many people could not access dental care during the pandemic, this includes children. *Suggestion from a Councillor*
Women's Health	It can women up to 8 years to get a diagnosis for pain related conditions, whereas men are diagnosed within a year of symptoms. *Suggestion from a Councillor*
Accessibility to health care	It must be highlighted that there are increasingly more experiences of people's physical and mental health

• **GP access** • **The impact of cancelled or postponed ongoing treatments and operations** • **Mental health and access to support services**	deteriorating as a result of the pandemic and lockdown restrictions continuing throughout the year lasting longer than may have been initially anticipated. The existing long waiting lists for appointments, treatments and operations has been impacted by the reduction of face-to-face opportunities, e.g. for appointments, booking systems and communication, by the delays in service delivery and, by the ever-increasing need for mental health support. These findings are echoed in the Healthwatch England report that collates national data, showing that these are national trends. GP Access, ongoing treatments and wellbeing *Suggestion from HealthWatch*
The Neurodevelopmental Pathway -	The Children's Autism Pathway was replaced from 1 April 2021. The new pathway is for children and young people aged 5 -18 years across South Tees. The new pathway is called The Neurodevelopmental Pathway because it covers autism and attention deficit hyperactivity disorder – A parent carers perspective – replacing the autism pathway *Suggestion from HealthWatch*

7. It should be noted that the suggested topics outlined above are exactly that, suggestions. The content of the scrutiny panel's work programme is entirely a decision for the panel to make. When considering the work programme, the panel is advised to select topics that are of interest to it, as well as topics that the panel feels by considering, it could add value to the Local Authority's work.

8. In addition to undertaking the agreed work programme, scrutiny panels have also previously responded on an ad-hoc basis to emerging issues - such as considering relevant new legislation, guidance or Government consultation documents. This approach occasionally results in further topics being identified for investigation or review throughout the year.

9. On occasion ad-hoc scrutiny panels may also be established throughout the year to undertake additional investigations, for example to examine areas of work which overlap more than one scrutiny panel.

10. The scrutiny panel is also advised that, under the terms of the Local Government Act 2000, local authorities have a responsibility of community leadership and a power to secure the effective promotion of community well-being. Therefore, in addition to the scrutiny panel's generally recognised powers (of holding the Executive to account, reviewing service provision, developing policy, considering budget plans and performance and financial monitoring), panels also have the power to consider ***any*** matters which are not the responsibility of the Council but which affect the local authority ***or*** the inhabitants of its area. For example, nationally, local authorities have

undertaken scrutiny work on issues such as post office closures, rural bus services, policing matters and flood defence schemes.

Scrutiny work plan prioritisation aid

11. Members may wish to use the aid attached at **Appendix 1** to prioritise issues where scrutiny can make an impact, add value or contribute to policy development.

PURPOSE OF THE MEETING

12. The scrutiny panel is asked to consider and agree its work programme for the 2022/23 municipal year.

13. When considering its work programme, the scrutiny panel is asked to ensure that topics agreed for inclusion:

- affect a group of people living within the Middlesbrough area;
- relate to a service, event or issue in which the Council has a significant stake or over which the Council has an influence;
- are not issues which the Overview and Scrutiny Board or the scrutiny panels have considered during the last 12 months;
- do not relate to an individual service complaint; and
- do not relate to matters dealt with by another Council committee, unless the issue deals with procedure.

14. It is suggested that the scrutiny panel has a mixture of working styles in its programme. This can include detailed and in-depth reviews, shorter topics, or one-off investigations.

15. Once the scrutiny panel has identified the areas of priority, support staff will draw those topics into a programme for approval by the Overview and Scrutiny Board.

RECOMMENDATION

16. That the scrutiny panel identifies two topics it would like to include in its work programme for 2022/23, for consideration/approval by the Overview and Scrutiny Board.

BACKGROUND PAPERS

17. Throughout the report, reference is made to information published by the Department of Health (DoH), the Care Quality Commission (CQC) and the Centre for Governance and Scrutiny (CfGS).

Contact Officer
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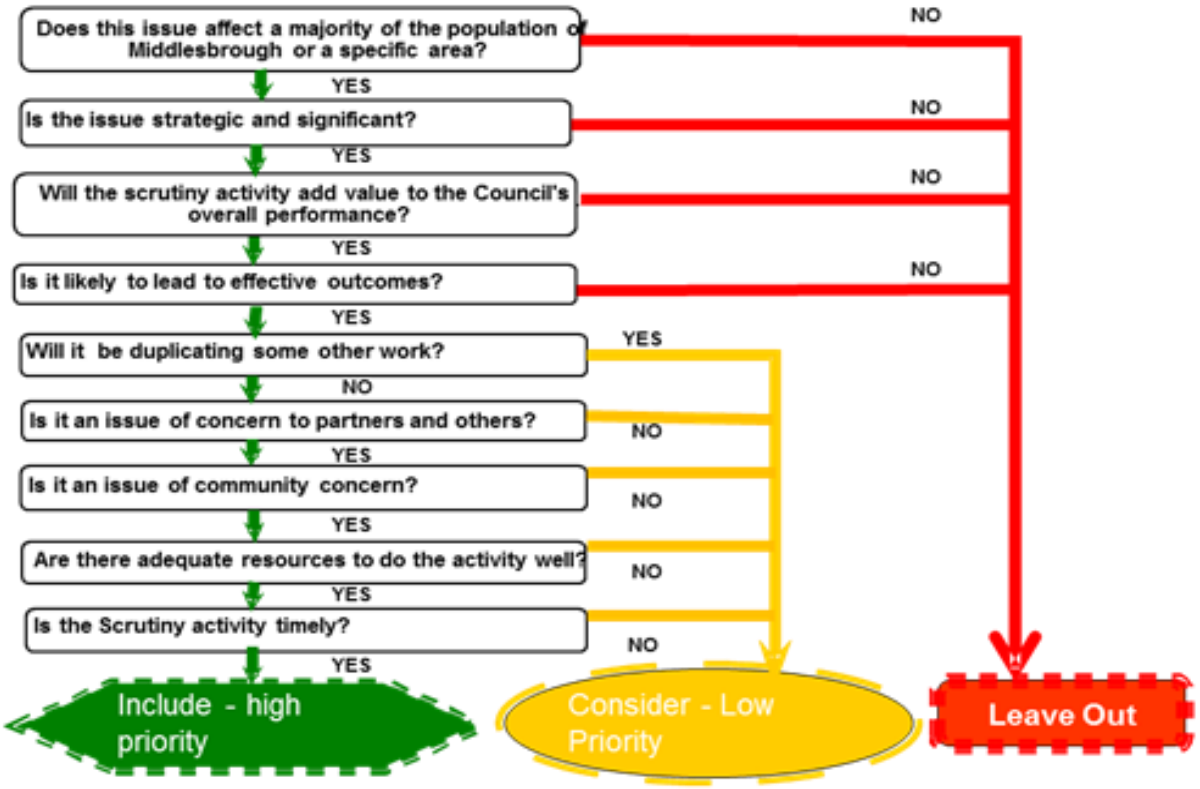
APPENDIX 1


Does this issue affect a majority of the population of Middlesbrough or a specific area?
NO
YES
Is the issue strategic and significant?
NO
YES
Will the scrutiny activity add value to the Council's overall performance?
NO
YES
Is it likely to lead to effective outcomes?
NO
YES
Will it be duplicating some other work?
YES
NO
Is it an issue of concern to partners and others?
NO
YES
Is it an issue of community concern?
NO
YES
Are there adequate resources to do the activity well?
NO
YES
Is the Scrutiny activity timely?
NO
YES
Include - high priority
Consider - Low Priority
Leave Out

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Health Scrutiny Panel

Proposed Meeting Schedule for 2022/23

Members are asked to consider the proposed schedule of meeting dates, for the Health Scrutiny Panel, for the 2022/23 municipal year:

Date	Time	Venue
Tuesday 19 July 2022	4:00 p.m.	TBC
Tuesday 13 September 2022	4:00 p.m.	TBC
Tuesday 11 October 2022	4:00 p.m.	TBC
Tuesday 15 November 2022	4:00 p.m.	TBC
Tuesday 13 December 2022	4:00 p.m.	TBC
Tuesday 17 January 2023	4:00 p.m.	TBC
Tuesday 14 February 2023	4:00 p.m.	TBC
Tuesday 21 March 2023	4:00 p.m.	TBC

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