

HEALTH SCRUTINY PANEL

Date: Tuesday 13th December, 2022
Time: 4.00 pm
Venue: Mandela Committee Room

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - Health Scrutiny Panel - 11 October 2022 3 - 8
4. Dental Health and the Impact of Covid-19 - Further Information

The NHS England Senior Primary Care Manager (Dental) for the North East and North Yorkshire, the Chair of the Local Dental Network and a Dental Public Health Consultant, will be in attendance to present the Panel with information about Dental Services in Middlesbrough.
5. Drugs and Alcohol Services - Update
6. Chair's OSB Update
7. 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 5 December 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 Scott Bonner/ Chris Lunn, 01642 729708/ 01642 729742, scott_bonner@middlesbrough.gov.uk/ chris_lunn@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

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

PRESENT: Councillors D Jones (Chair), C McIntyre (Vice-Chair), A Bell, A Hellaoui, D Rooney and M Storey

OFFICERS: C Breheny, J Bowden, C Blair and R Campbell

APOLOGIES FOR ABSENCE: Councillors D Davison, 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 - 19 JULY 2022**

The minutes of the Health Scrutiny meeting held on 19 July 2022 were submitted and approved as a correct record.

21/4 **INTEGRATED AND URGENT CARE IN MIDDLESBROUGH AND REDCAR & CLEVELAND**

The Director at North East and North Cumbria (NENC) Integrated Care Board (ICB) was in attendance to update the panel on a consultation exercise currently being undertaken in respect of proposed changes to the provision of Integrated and Urgent Care in Middlesbrough and Redcar & Cleveland. The Director explained that having looked at the models of care in place across the five Tees Valley authorities at present Middlesbrough was the one not to have an integrated / urgent care facility. It was therefore proposed that an integrated urgent care service be provided at James Cook University Hospital.

A copy of the presentation had been circulated to Members in advance of the meeting, which set out the differences between the current set up and proposed new arrangements. It was explained that engagement work had been undertaken and 6 of the 8 public events had been held. Attendance at the events had been mixed with some really well attended and others less so. However, over 600 surveys had been returned and although it would have been good to receive more responses when adding or extending facilities response rates tended to be lower. The panel heard that all of the responses would be collated into a final report, which would be available in the public domain once finalised.

Members were afforded the opportunity to ask questions in respect of the proposals and the following queries were raised:-

- In response to a query regarding how the public had been made aware of the consultation events it was advised that adverts had been placed on Gazette Live, radio interviews had been conducted with Radio Tees and leaflets had been placed in local supermarkets and corner shops. It was acknowledged that there were always challenges in attracting people to attend engagement events, however, efforts had been made to spread the message far and wide.
- In terms of how long it would be before the new model was implemented it was advised that the NENC ICB had to follow due process in terms of undertaking a formal consultation. It was therefore anticipated that if approved the new integrated urgent care model in Middlesbrough would be in place for August 2023. In the interim period a significant amount of work was being undertaken with James Cook Hospital to enhance some of their pathways to ensure patients were managed in the right way.
- A Member of the Panel queried whether additional funding would be provided in order to deliver the new model. In response it was advised that there was no new funding available it would simply be a case of using existing resources differently. For example, could staff be used more flexibly and would it be possible for GP's to deliver an out of hours service as well as delivering urgent care.
- In response to a query it was confirmed that there was an expectation that the new provision would be co-located within A&E at James Cook University Hospital.

- In terms of the feedback received from GP's in respect of the proposals it was advised that to date these had been mixed. At present local GP's did not have the capacity to manage urgent care demands and were often dealing with a lot of unmet need. In essence the integrated urgent care model would act as a medium term solution, over the longer term there would need to be increase in general practice capacity.
- It was queried whether there may be an overlap between urgent care and A&E. For example, an individual attending James Cook with a fracture or sprain might not necessarily know whether they need to be seen by the urgent care team or A&E team. It was explained that as part of the proposed model a clinical assessment would be undertaken at the front of the hospital and patients would then be directed through the right door.
- In respect of the digitalisation of patient records it was queried as to whether or not we yet had systems that talked to each other. In response it was explained that an enormous amount of progress had been made including massive improvements in respect of the Great North Care Record to ensure services had access to a summary care record, which contained sufficient information to keep people safe.
- A member of the panel expressed the view that 111 was an area that needed considerable work and investment. In response it was advised that £40 million had recently been invested to recruit additional call handlers and clinical assessment centres also been established within the 111 call centre to enable call handlers to liaise with GP's, mental health nurses and other allied health professionals, as needed. However, it was acknowledged that there were often long waits for people to receive a call back.
- In terms of the new paediatric A&E offer at James Cook Hospital the panel expressed the view that it was significantly better and provided a much more suitable environment for Middlesbrough's children and young people.

The Director requested that a written response be provided by the panel in response to the NENC ICB's proposals for the future provision of integrated and urgent care in Middlesbrough, outlining any concerns that Members may have. In response the panel confirmed that it was fully supportive of the proposals and was keen to see them delivered.

AGREED that a written response from the panel supporting the proposed new model for integrated and urgent care in Middlesbrough and Redcar & Cleveland be drafted and sent to the NENC ICB.

21/5

REGIONAL HEALTH SCRUTINY UPDATE

The Democratic Services Officer advised Members that the Tees Valley Health Scrutiny Joint Committee had been held in Darlington on 23 September 2023. Following Cllr Davison's resignation from that Committee there was now a vacancy for a Middlesbrough Member. It was advised the appointment would be considered by Council at its meeting on 30 November 2022 and a Member of Middlesbrough's Health Scrutiny Panel may be interested in taking up the position.

In terms of the items discussed it was highlighted that there were four main agenda items and these were as follows:-

1. TEWV – Clinical Journey and Quality Journey – The Chief Executive of TEWV, Brent Kilmurray, along with the newly appointed Chair of the Board, David Jennings, were in attendance to provide an update to the Committee on TEWV's Journey for Change. The Chair of the Board delivered a powerful message about his five key touch points in terms of what he would be looking for and the Committee was pleased to hear that the CQC's rating of TEWV's Community Mental Health Services for Children and Young People had improved, following the unannounced inspection on 6 / 7 July 2022. The service had previously been rated as inadequate but had now secured a required improvement rating.
2. North East and North Cumbria ICS & ICB implementation –The Director of Place for Central and Tees Valley ICPs, Dr. Dave Gallager, was in attendance to provide an update on the NENC ICS, ICB and ICP's. The statutory NHS organisations came into being on 1 July 2022 and a copy of the presentation had been included with the panel's papers.
3. Integrated and Urgent Care – The Director, NENC ICB was in attendance to inform the Joint Committee of the proposals for a new model of integrated and urgent care to be

delivered in Middlesbrough and Redcar & Cleveland, as discussed elsewhere on today's agenda.

4. Paediatric Ophthalmology Services – Representatives from County Durham and Darlington NHS Foundation Trust were in attendance to discuss a shortage in provision that had arisen following the retirement of several senior Consultants. However, thankfully the issue had now been resolved and treatment had resumed in the Tees Valley.

NOTED

21/6

DENTAL HEALTH AND THE IMPACT OF COVID-19 - SETTING THE SCENE

The Democratic Services Officer advised that as part of the panel's work programme for 2022/2023 it had selected as its main topic of review 'Dental Health and the impact of Covid-19'. Members were reminded that the topic had originally been put forward by HealthWatch South Tees and a copy of their findings in respect of this topic had been provided for Members information. In addition to this report a wider report, undertaken by neighbouring HealthWatch bodies from across the North East, had also been produced and a copy provided.

A number of key points from the South Tees HealthWatch report were highlighted and the panel noted that surveys had been conducted with 107 patients and 14 local dental practices had been contacted, with nine replies received. The main findings demonstrated that whilst there were good experiences of dental care across South Tees, general feedback indicated that staffing shortages and historic concerns within the dental system were adversely impacting on public dental health. In addition, health and safety measures implemented during the pandemic to ensure the continuation of services were still in place, which were leading to delays in treatment.

The report stated that there were some clear indicators of areas where improvements could be made including:-

- Ensuring NHS Choices website provides 'real time' up to date information.
- Improve NHS 111 advice and information.
- Dental Practices need to improve the communication of advice to patients who are on waiting lists and often in discomfort.
- Improved communication for patients to raise awareness of current circumstances, changes in service delivery and priority pathways.

One of the most concerning findings of the report was the limited options open to people who were unable to register with a dentist for preventative or urgent treatment. Of those who responded to this section, 60 per cent had been unable to find a service to meet their needs, with some having to resort to private treatment.

The collated dentistry report also stated that perhaps the most important indicator was that it was clear that there were too few NHS dentists available to service the needs of the North East population. HealthWatch therefore urged NHS England to make dentistry reform a top priority otherwise there would be repercussions for the life-long health of current and future generations, particularly among the most disadvantaged communities in our region.

In addition the myth busting document highlighted some of the challenges in respect of how Units of Dental Activity (UDA) were commissioned and based on conversations with representatives from {my} dentist at the previous panel meeting the panel may wish to examine whether these could be commissioned more flexibly to increase the availability of appointments. Reference was also made to the National Guidance and National Dental Systems reforms, which had been expected to take effect from July 2022 and how these changes would impact on how dentists would deliver their services in the future.

The Democratic Services Officer made reference to the Scrutiny Plan Investigation Outline document and invited the panel to put forward its suggestions about the specific issues it wished to consider as part of this review.

Members of the panel put forward the following suggestions:-

AGREED that a copy of the Scrutiny Plan Investigation Outline document for this review topic be populated in line with suggestions put forward and shared with all Members of the Panel in advance of the next meeting.

21/7

OPIOID DEPENDENCY REVIEW - UPDATE

In terms of background information the Manager for Project Adder / System Integration reflected on the fact that many Members had been on the Health Scrutiny Panel when it undertook a review on the topic of Opioid Dependency. Members of the Panel were therefore well versed on the merits of the Heroin Assisted Treatment (HAT) programme, having visited Foundations Medical Practice and reviewed the evidence presented by Teesside University on the cost benefits analysis of the programme. The Public Health team was a real advocate for the merits of the scheme and it was hoped that from the presentation today the panel would have a comprehensive understanding of why the decision to end the HAT programme had been taken.

A presentation was given, which covered the priorities of the national ten year drug strategy – 'From Harm to Hope', the findings of the Dame Carol Black Review (Part II) and Project ADDER. In terms of the South Tees Public Health (STPH) Team's involvement in Project ADDER it was advised that the Team received £1.3m per annum over 2.5 years for the ADDER Diversion and Treatment/Recovery elements. However, all of the funding received could not be focused on one area and there was an expectation that a broad menu of interventions was delivered with this funding, as per the national drug strategy and Dame Carol Black's review recommendations. Middlesbrough's ADDER plan had a broad and ambitious scope in line with the significant local need. This included staff working into Childrens' Services, TEWV, criminal justice settings and specialist roles that had previously been lost, as well as delivering a range of work streams.

In terms of the Heroin Assisted Treatment (HAT) / Diamorphine Assisted Treatment (DAT) it was advised that the programme had been running for 3 years and had delivered undoubted benefits for some patients. The South Tees Public Health Team had played an intrinsic role in both mobilising and enabling the pilot to be delivered and was fully invested in it being successful. Funding sources had changed throughout this time, however, utilising the infrastructure provided by Foundations' core contracts had been a constant. Capacity on the programme had initially been 14-15 patients, reducing to 10. However, the pilot had never consistently managed to engage more than single figures. It was explained that medicines had to be ordered in minimum quantities, equating to 6 months of supply, at a cost of £80,000.

Reference was made to the funding situation and it was advised that in order to sustain the programme there needed to be a system wide approach. Collectively efforts had been made to try and achieve this but these had been unsuccessful. The Police and Crime Commissioner viewed it as health issue and the Probation Service were unable to provide a financial contribution. In terms of the project ADDER funding it was advised that £170,000 towards the HAT/DAT programme was the single largest line of funding in the ADDER budget. The ADDER funding had never been pulled nor had it been in doubt. It remained in place at the agreed 2022/23 funding level and had been anticipated to continue for the next 2 financial years to 31 March 2025.

The issue that had recently occurred was that Foundations had stated that a significant additional amount of funding was needed to continue the pilot until 31 March 2023. This would have amounted to almost a quarter of the ADDER annual funding for treatment/recovery being spent on 7 – 10 people. It would have meant proposing to the Home Office leads that the STPH team stopped delivering other, existing ADDER activities in order to facilitate the additional funding for HAT/DAT. The extremely difficult decision was taken locally that, as costs were continuing to increase and the number of agreed beneficiaries was not reaching the capacity that the pilot would need to end. The existing patients could be supported via comprehensive, alternative means within the system.

Following the presentation Members were afforded the opportunity to ask questions and the following queries were raised:-

- In response to a query regarding the Police and Crime Commissioner's (PCC) role in the HAT programme it was advised that the previous PCC had provided funding for the programme up until September 2021. However, following the election of the current PCC in May 2021 the programme was viewed as a health issue and the PCC would not

commit any of his budget to the programme. Probation service funding had subsequently been secured until end March 2022 but once this had ceased the project ADDER funding had been used to cover this financial year. As costs increased and additional contributions would have become necessary the programme was no longer sustainable.

- Members of the panel expressed the view that it was baffling that the lessons learned from the Teesside University study were not being taken on board, given that if they were the programme would not be being scrapped. The evidence presented in the study were phenomenally compelling in terms of the drug and alcohol treatment wellbeing scores, a 60 per cent reduction in the severity of offences committed by those on the programme, people being able to sustain meaningful relationships and 97 per cent attendance rates at all sessions. In addition the study had demonstrated that significant financial savings had been generated for the Ministry of Justice. Members expressed the view that a letter from the panel should be sent to the PCC outlining its concerns that a programme that worked and received national recognition, only today, by the Chair of the Home Affairs Select Committee would shortly no be longer in existence.

The Chair thanked the Manager for Project ADDER / System Integration for his valuable contribution to the meeting.

AGREED as follows:-

1. That a letter be written to the Secretary of State for Health and the Chair of the Home Affairs Select Committee highlighting the benefits that the HAT programme has delivered in Middlesbrough, as well as the need for cost savings generated in one departmental area to be able to be realised in another.
2. That a letter be written to the Police and Crime Commissioner (PCC) expressing the panel's dismay at his decision to withdraw funding from the HAT programme and request an explanation as to why, when presented with the evaluation report produced by Teesside University, he felt this decision to be justified.
3. That copies of the letters be sent to local MP's.

21/8

CHAIR'S OSB UPDATE

The Chair advised the Panel that at the OSB meeting on 21 September 2022 the Board had considered and discussed the following:

- Executive Forward Work Programme
- Mayor's Attendance at OSB
- Q1 Corporate Performance Report and Q1 Financial Outturn Report
- Scrutiny Chairs Update

NOTED

21/9

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

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