HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Monday 10 July 2023.

PRESENT: Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, P Gavigan, D Jackson and J Kabuye

ALSO IN ATTENDANCE: D Ahmed (Partner) (Foundations (Acklam Road)), C Blair (Director) (North East & North Cumbria Integrated Care Board), J Bye (Partner) (Foundations (Acklam Road)), E Joyeux (Commissioning Lead for Primary Care) (NHS North East and North Cumbria Integrated Care Board) and S Mason (Partner) (Foundations (Acklam Road))

OFFICERS: M Adams, J Bowden and G Moore

APOLOGIES FOR ABSENCE: Councillors D Coupe, D Jones and J Walker

23/4 **DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item/Nature of Interest
Councillor J Kabuye	Non-Pecuniary	Agenda Item 4 (An Overview of NHS Health and Public Health) - runs an eco shop.

23/5 **MINUTES - HEALTH SCRUTINY PANEL - 19 JUNE 2023**

The minutes of the Health Scrutiny Panel meeting held on 19 June 2023 were submitted and approved as a correct record.

23/6 **CLOSURE OF FOUNDATIONS (ACKLAM ROAD)**

SUSPENSION OF COUNCIL PROCEDURE RULE NO 5 - ORDER OF BUSINESS

ORDERED that, in accordance with Council Procedure Rule No 5, the scrutiny panel agreed to vary the order of business.

The scrutiny panel received:

- information on the reasons Foundations (Acklam Road) had served notice on its contract;
- details of how patients would be allocated to alternative general practices to ensure they could continue to access primary medical services; and
- information on the new specialist clinical/prescribing service for substance misuse.

The Commissioning Lead for Primary Care from North East and North Cumbria Integrated Care Board (ICB), the Programme Manager from Public Health South Tees and the Partners from Foundations were in attendance to present information.

The Commissioning Lead for Primary Care advised that the Foundations GP practice (previously known as Fulcrum) delivered essential, additional, and enhanced primary medical care services. It was explained that, as per the terms and conditions of the Primary Medical Services (PMS) Agreement, notice could have been served at any time with a standard six months' notice. The practice had initially served notice on 29 September 2022, with a longer notice period for Acklam Road and a closure planned for 31 March 2024 - that could not be maintained. Subsequently, the practice had re-served notice on 31 March 2023, providing the standard 6 months' notice, with closure planned for 30 September 2023. The decision to proceed with the closure had been taken by the ICB.

To provide some context, Members were advised that the average list size for a practice was approximately 8,600 (NHS Digital). Foundations list size, at the time the original notice was served, was approximately 734. The list size had increased since then to 748 patients being

registered on 1 June 2023 (NHS Digital). Of those 748 patients, 29 were registered on the Special Allocation Scheme (SAS). The Special Allocation Scheme (previously known as the violent patient scheme) had been commissioned via an NHS England Directed Enhanced Service (DES) for patients who had been removed from a General Practice registered list due to violent or threatening behaviour.

The scrutiny panel was advised that Foundations provided a specialist prescribing service, relating to drug and alcohol treatment, which had been commissioned by Middlesbrough Council. Members heard that it was important to note that not all of the 748 patients registered with the GP practice accessed opioid substitution therapy. There were a significant number of patients who accessed Foundations for the opioid substitution therapy who were registered at GP practices elsewhere in Middlesbrough. It was highlighted that the ICB was only responsible for the management of the PMS Agreement termination, which related to the 748 patients registered for primary care services.

Members heard that to ensure continued access to primary medical care services, all patients registered for GP services would be allocated to an alternative practice close to where they lived by 30 September 2023. Patients had been sent an initial letter informing them of the planned closure and a further letter would be issued in August informing patients of the new practice they would be allocated to and registered with in September. The scrutiny panel was advised that the SAS patients would not be included in the main allocation to alternative practices as their care needed to be met by SAS provision. Patients on the SAS register would be allocated to another SAS GP practice by 30 September 2023. It was commented that, until the allocation in September, all patients would continue to access GP services at Foundations.

It was explained that allocation meant patients would be automatically registered and were not, therefore, required find a practice and complete application forms. However, Members heard that all patients did have the right to exercise choice and register themselves with another practice at any time.

The scrutiny panel was informed that the process of allocation differed to a general dispersal, where it would be the responsibility of the patient to find an alternative GP practice. Due to the vulnerability of some of the patients and the potential risk of them not accessing health care, allocation had been used to safety net and ensure registration was not a barrier to access. The ICB had been working with NHS England, the Cleveland Local Medical Committee, Foundations and other GP practices in Middlesbrough to determine the patient allocations.

Members heard that the ICB was supporting practices and providing guidance to enable them to prepare to register the patients and to ensure a smooth transition for patients and effective ongoing management of their health care needs. The ICB continued to work closely with Foundations and Local Authority colleagues in Public Health to ensure communications to patients and stakeholders were clear, due to the different services currently commissioned from the practice by different organisations. It was advised that operational aspects of a practice closure e.g. assets, clinical system access etc were being managed by a project group and followed a standard operating procedure and action plan developed by NHS England.

The Programme Manager advised that Middlesbrough Council had commissioned Foundations to deliver a specialist clinical and prescribing substance misuse model. The delivery of the service, by the practice, had been a long standing arrangement.

Members heard that in 2020, following the publication of new guidance from NHS England in relation to the commissioning and procurement of services, the safest way to protect the interests of the Local Authority was for the contract to be tested in the open market. The scrutiny panel was advised that a review of the service had been undertaken by an Independent Clinical Lead, a specification was then developed and the tender went out to the market in order to ensure the longest and safest mobilisation period.

Work had been undertaken to secure an additional year's extension to the contract, which would have ensured delivery until 31 March 2024. However, it was explained that, on 31 March 2023, Foundations had served notice on its contract with a planned closure for 30 September 2023.

Due to Foundations ending their provision on 30 September 2023, a new service specification for the Council's contract had been put out to tender in early 2023, as a standalone specialist clinical/prescribing service for substance misuse, with delivery to commence 1 October 2023. It was confirmed that the tender submission closing date had been May 2023 and no organisations had submitted proposals. The Council's Executive had therefore granted approval for the specialist clinical/prescribing service for substance misuse to be brought into Middlesbrough Council, to be delivered by the in-house Recovery Co-ordination Service. That decision had been taken due to the risks associated with having any break in service provision for extremely vulnerable people. Following the Executive's approval, patients had been contacted and informed of the Council's decision to bring the service in-house and work was being undertaken by the project board and its sub-groups in respect of transfer management, clinical governance, ICT and information governance, workforce and communications.

The scrutiny panel was informed that the Council and the ICB would ensure that service users and stakeholders within the local system were appropriately informed and assurance was given regarding high-quality service continuity and support.

A Partner advised that Foundations had been in operation for 23 years and had been established initially due to an epidemic of heroin use in the town. The practice had always operated with a harm reduction, health-focused approach. With funding, the practice had been able to deliver specialist clinical care and a GP specialist addiction service. Members heard that the practice offered interventions such as heroin assisted treatment and patients were able to access treatment quicker than elsewhere in the UK. It was explained that Foundations had been recognised both regionally, nationally, and internationally as a beacon of best practice for supporting those with problematic substance misuse and health inequalities. Members heard that the practice felt extremely proud of the work it had undertaken to improve the lives of those who had drug or alcohol issues. It was commented that Foundations was thankful to the Council and the ICB for the support, guidance and funding that had been provided throughout the years, which had enabled the practice to deliver specialist clinical care, primary care and prescribing services for those in the community that required support. It was conveyed that it was deeply saddening that due to the changes in landscape, the practice was no longer able to provide those services.

A Member raised a query regarding the allocation of SAS patients. In response, the Commissioning Lead for Primary Care advised that it was likely that those patients would be allocated a practice out of the area. With the SAS being commissioned via an NHS England Directed Enhanced Service (DES), those patients registered on the SAS needed to be allocated to an alternative SAS provision. It was explained that all of the GP practices in Middlesbrough had been contacted to enquire whether those practices would be interested in providing general primary care services to patients who have been excluded from their mainstream GP list through the Special Allocation Service (SAS). No expressions of interest had been received. It was added that, although it was anticipated that SAS patients would be allocated to an out of area practice, in the Tees Valley, a good level of remote care could still be provided via enhanced technologies and online appointment and consultation systems, such as Econsult.

A Member raised a query regarding access to substance misuse support groups. In response, a Partner advised that the holistic approach taken in respect of substance misuse and access to support groups would continue via the new substance misuse clinical prescribing service, Middlesbrough Alcohol Centre of Excellence (MACE) and Voluntary Community Sector (VCS) organisations.

A Member raised a query in respect of the cohort of patients and the impact on GP practices. In response, the Commissioning Lead for Primary Care advised that not all of the 748 patients registered with the GP practice accessed opioid substitution therapy. It was added that there were a significant number of patients who accessed Foundations for the opioid substitution therapy but who were registered at GP practices elsewhere in Middlesbrough. A Partner commented that most of the patients accessing Foundations did have some level of alcohol or drug dependency. It was explained that the children of those patients also seemed to remain registered with the practice well into adulthood. Members heard that SAS patients presented their own challenges, were often quite vulnerable and suffered from a range of health conditions. It was confirmed that the vast majority of patients had ongoing needs and were vulnerable.

A Member raised a query about whether other GP practices would be sufficiently prepared to support patients with such challenges and vulnerabilities. In addition, concerns were expressed that with the closure of the practice, those intergenerational links and the trusting relationships that had been developed between Foundations and its patients would be lost. In response, the Commissioning Lead for Primary Care reassured the scrutiny panel that those practices taking on additional patients would already have patients with similar vulnerabilities and there would be a vulnerable cohort at those practices that were already accessing support for drug and alcohol dependency. It was highlighted that 650 patients who were registered at other GP practices in Middlesbrough were accessing opioid substitution therapy at Foundations and practices should be familiar with the support available. The scrutiny panel was advised that support would be provided by the ICB to enable practices to manage demand and the increase in patients. It was also added that Public Health had been working with the ICB to implement a communications strategy to ensure that there would be no break in service provision for patients. A phased transition period was planned to ensure there would be some form of clinical dialogue between Foundations, and each patient's new practice, before the transfer took place. By facilitating a phased transition period, specialist support and advice could be provided by Foundations to ensure a smooth transition for patients.

A Member expressed concern that, due to the closure of the practice, patients may not access the support that they required. In response, the Commissioning Lead for Primary Care advised that, given the vulnerabilities of patients, the process of allocation had been taken rather than general dispersal. It was commented that allocation was used to safety net to mitigate the risk of registration being a barrier to access. Although there was a risk that patients could choose not to access the allocated practices, patients would be registered with a practice meaning they had access to ongoing medical care if it was required.

A Partner at Foundations advised that, given the levels of deprivation in the town, there were a number of GP practices that cared for vulnerable patient cohorts. The importance of promoting access to care and providing opportunistic care was highlighted. It was added that other practices were experienced in caring for patients with vulnerabilities, including issues with drug and alcohol dependency.

A Member queried whether practices were able refuse new registrations. In response, the Commissioning Lead for Primary Care advised that the ICB was able to allocate patients to all practices, including those practices that had closed patient lists.

A Member raised a query regarding procurement of the specialist clinical/prescribing service. In response, the Programme Manager advised that the procurement rules applied to Public Health contracts were not the same for primary care. There had been a risk of challenge from the market, as the Local Authority was required to be open and transparent in terms of its contracting. Previously, there had been an area of contract law that had enabled the contract with Foundations to be extended on the back of the primary care contract. It was explained that, as that was no longer possible, the Local Authority had a responsibility to advertise the opportunity to the local market and go out to tender.

A Member raised a query regarding access. In response, the Commissioning Lead for Primary Care advised that support would be provided to practices to ensure new registrations were processed efficiently and patients would be invited to attend a new patient registration appointment. It was explained that all practices in the local area had access to interpreting services.

A Member queried whether those agencies involved with patients would be notified of their change of practice. In response, a Partner advised that a case-by-case safeguarding handover was planned with the receiving GPs to ensure a smooth transition for patients.

A Member queried the reasons for the closure of Foundations. In response, the Director of the ICB advised that the ICB was required to purchase general medical services for the local population and would have continued to fund Foundations to deliver such services. However, due to the changes of the other services provided by Foundations, that option was no longer available. A Partner advised that the commissioning landscape was complex and had changed significantly over recent years. It was commented that the general medical services contract was, unfortunately, not Foundations main income stream because it was based on low patient numbers. Members heard that Foundations had served notice on its public health substance misuse clinical contract and its primary care elements of service due to financial

risks of continuing without all components being in place and funded.

The Director of Public Health advised that Public Health's funding for the specialist clinical/prescribing service and various primary care contracts, had historically made Foundations financially viable. However, due to changes in commissioning arrangements, a review of the current specialist clinical/prescribing contract had been required, the outcome of which had resulted in a new specification and associated changes to the overall operating model. Those changes had meant that Foundations was no longer able to sustain delivery of the specialist clinical/prescribing service. The Programme Manager advised that a substantial amount of work had been undertaken to mitigate the risks associated with the change in service delivery and ensure any breaks in service and disruption was avoided.

AGREED

That the information presented to the scrutiny panel be noted.

23/7 **AN OVERVIEW OF NHS HEALTH AND PUBLIC HEALTH**

The scrutiny panel received information on the NHS North East and North Cumbria Integrated Care Board (ICB) and Public Health South Tees, including the main duties and areas within the respective remits and an outline of the key priorities, issues and challenges for the year ahead.

The Director of Place Based Delivery from the ICB and the Director of Public Health were both in attendance to present information.

The Director of Place Based Delivery provided an overview of the Integrated Care Partnership arrangements in North East and North Cumbria. It was advised that there were 42 ICBs established across England from 1 July 2022, which had replaced the former CCGs. The North East and North Cumbria ICB was the largest of the 42. It was explained that the Integrated Care System (ICS) included all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for communities. It was not an organisation but worked through the following bodies:

- The Integrated Care Board (ICB), which was a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB also worked with a range of partners at 'place level' in each of the 14 local authority areas within its region.
- The Integrated Care Partnership (ICP), which was a joint committee of the ICB and the 14 local authorities in the ICS area and it was responsible for developing an integrated care strategy for the ICS.

At a national level, ICBs had been set some key strategic aims by the Government, namely:

1. Improve outcomes in population health and healthcare;
2. Tackle inequalities in outcomes, experience and access;
3. Enhance productivity and value for money; and
4. Help the NHS support broader social and economic development.

Members heard that the ICB's leadership team included a Chair, a Chief Executive and Executive Directors. The Director of Place Based Delivery, covered the areas of Middlesbrough and Redcar and Cleveland and reported directly to the Executive Director of Placed Based Partnerships (Central and Tees Valley). It was explained that there was a range of Partner Members, which included representatives from local authorities, primary care and NHS foundation trusts.

In terms of the governance framework, the scrutiny panel was advised that Place Sub-Committees facilitated decision-making, enabling decisions to be made in the best interests of local people and local communities. Furthermore, via the Place Sub-Committees, the ICB's Executive was able to delegate decisions and funding to the Middlesbrough and Redcar & Cleveland areas to meet the needs of the local population.

In terms of the relationship between the ICPs and the ICBs, the ICB was responsible for the delivery of services and the ICP was responsible for setting strategy at three levels i.e. system, area and place. It was advised that the Leader of Stockton-on-Tees Council was the Chair of the Tees Valley ICP. Members heard that the role of the Strategic ICP complemented

the work of the Area ICPs:

- The Strategic ICP led and developed an overarching strategy for the whole of the North East and North Cumbria, it promoted multi-agency working across a population of 3 million and determined how health inequalities could be tackled for the population.
- The Area ICP was much more focussed on what happened across the Tees Valley, it provided a regular forum for partners to share intelligence, improve health outcomes for the local population, analyse and respond to the Joint Strategic Needs Assessments (JSNA) and to collaborate and share best practice.

It was explained that the 2022 Health and Care Act had not created a legal requirement for place-based partnerships, leaving flexibility for local areas to determine their form and functions. The Act allowed for ICBs to delegate some of their functions and budgets to local committees, as part of Place-Based Partnerships, and a committee had been established in South Tees in that respect.

The scrutiny panel was advised that the Live Well South Tees Board, Middlesbrough and Redcar & Cleveland's Health and Wellbeing Board (HWB), had developed a HWB Strategy outlining how the Board aimed to improve the health and wellbeing of people in South Tees and reduce health inequalities.

A Place-Based Partnership for South Tees had been established, the membership of which included ICB Members, NHS partners, local authority directors (adult social services, children's services and public health) and the Voluntary Community Sector (VCS). Members heard the partnership aimed to ensure delivery of the HWB Strategy by commissioning services, allocating resources and managing budgets. It was explained that the Director of Place Based Delivery and the Director of Public Health had been working to align the key elements of place-based governance and ensure decision-making was streamlined to avoid duplication. It was envisaged that meetings of the partnership would be held monthly (where possible) to discuss and agree how health resources should be deployed across South Tees. The first meeting had been held in May 2023.

The scrutiny panel was advised that the ICB and the NHS foundation trusts had worked in partnership to develop an NHS Five Year Joint Forward Plan, which aimed to improve service delivery, meet the physical and mental health needs of the population and improve health outcomes. The North East and North Cumbria's approach had been aligned to reflect the ICP's strategy - Better health and wellbeing for all, by focussing on the following priorities:

- Longer and healthier lives;
- Fairer outcomes for all;
- Better heath and care services; and
- Giving children and young people the best start in life.

Members heard that the ICP Strategy, the Joint Forward Plan and the NHS Operating Plan were all interlinked. It was commented that the ICP Strategy, involved local authorities, the NHS and partner organisations. The strategy provided a long-term vision, goals, priorities and was population outcome-focussed. It was explained that the strategy was published in December 2022 and was reviewed every December. It was commented that the Joint Forward Plan involved the ICB and NHS trusts and was a medium term, 5 year, plan. The plan looked at strategic service delivery and was impact focussed, with a partnership context. It was published in June 2023 and was reviewed every March. In terms of the NHS Operating Plan, that sat alongside the Joint Forward Plan and also involved the ICB and NHS trusts. It was an annual plan that focussed on NHS activity, finance, performance and was workforce focussed. The plan was submitted to NHS England every March/April.

In terms of operational planning requirements, there were some national NHS objectives for 2023/24, which focussed on improving access to primary care and improving waiting times for urgent and emergency care, elective care, diagnostics and cancer diagnosis and treatment. Members heard that there were also objectives that aimed to improve the retention of staff and improve access and support for those with mental health conditions, learning disabilities or autism.

In terms of Tees Valley priorities, over the past 18 months, the Tees Valley ICP had met to develop a collective understanding of its plans and planning priorities "Planning to be different". The Tees Valley ICP had collectively identified a number of key pillars that planned

to support delivery of its organisational, place and system plans. Under those pillars key programmes, initiatives and ambitions had been identified for delivery by the ICB and its partners. Following feedback, the key pillars had been aligned to the core common elements of the Tees Valley's collective health and wellbeing strategies. Those were: Start Well - giving children and young people the best start in life; Live Well - supporting people to live longer, healthier lives; and Age Well - supporting the aging population to maintain independence and reduce dependency on hospitals. The Tees Valley pillars reflected and connected with the national NHS priorities, the HWB strategies and the North East and North Cumbria Integrated Care Strategy. The key initiatives that would be taken forward over the next 12 months, in respect of the three pillars, were outlined to the scrutiny panel. There were cross cutting themes that underpinned all of the initiatives and all of the plans. Those initiatives were:

- Reducing Health Inequalities;
- Prevention;
- Sustainability; and
- Improving Quality of Services.

In terms of the Joint Forward Plan, it was advised that the draft plan was currently out for consultation and was being shared with the key forums to seek feedback. The draft Joint Forward Plan was complementary to the Integrated Care Partnership Strategy, it was a delivery plan for the parts of the strategy that related particularly to NHS delivered or commissioned services, but within the broader partnership context. It was commented that the document would be shared with the scrutiny panel to provide Members with the opportunity to submit any feedback/comments.

The importance of the ICB working with Middlesbrough's key partners and improving outcomes for Middlesbrough's residents was highlighted. The ICB worked to ensure that responding to the needs and key priorities of the town were considered and used to inform and shape the delivery of health services, at a local level.

A Member raised a query regarding access to health care services and treatment by diverse communities. In response, the Director of Place Based Delivery advised that within the Integrated Care Strategy there was a clear articulation of how the ICB and its partners were aiming to move forward to improve engagement with all communities and ensure that services were accessible and responsive to the needs of the whole population. It was acknowledged that the population of Middlesbrough had changed considerably over recent years and traditional engagement models had needed to change and evolve to ensure those diverse communities were represented. It was commented that Live Well South Tees had developed an innovative approach that targeted very specific cohorts in the community to identify what support was required to improve outcomes for those who had required surgical interventions. The vital importance of engaging with diverse communities, to ensure local residents were able to access timely care and treatment, was highlighted.

A Member queried whether additional resources or structural changes were needed to improve health outcomes in the area. In response, the Director of Place Based Delivery advised sufficient resources (both finances and staffing) were vital, as health and care services across the Tees Valley were running with financial deficits and the challenges faced were stark. Furthermore, over a sustained period of time, unfortunately the lack of resources had impacted on the offer that could be made to the local population and inevitably that had led to a different set of outcomes. It was added that, not only was investment required in the Tees Valley, there was a need for more professionals to work in health services in the area. It was explained that £10million had been invested to deliver an Urgent Treatment Centre at the site of James Cook University Hospital and £25million had been invested in the theatres at the Friarage Hospital and those would lead to improvements in accessing treatment and surgery for Middlesbrough's residents. However, it was explained that growing the future workforce would take time.

A Member queried how funding was allocated across the geographical area of the North East and North Cumbria and whether funds were distributed on a basis of deprivation. In response, the Director of Place Based Delivery advised that there were a range of different national funding formulas that were applied to different types of healthcare provision. However, the introduction of the ICB planned to enable the distribution of funding to be objective and fair. It was commented that tackling high levels of poverty and deprivation, when allocating resources, needed to be a top priority. It was advised that the ICB had a key focus on addressing inequalities, preventing ill-health and improving health outcomes for the local area.

The Director of Public Health provided an overview of Public Health South Tees. It was advised that Section 12 of the Health and Social Care Act 2012 had placed a duty on the Local Authority, via the Director of Public Health, to improve public health. The Local Authority had a number of mandated and non-mandated functions that it was responsible for. The three areas of biggest spend for Public Health were sexual health services, drug and alcohol provision and health visiting and school nursing.

Members heard that the Local Authority had a responsibility to publish a Joint Strategic Needs Assessment (JSNA), a Joint Strategic Health and Wellbeing Strategy and a Pharmaceutical Needs Assessment (PNA). To ensure best practice was shared across Middlesbrough and Redcar & Cleveland, Public Health South Tees had the following priorities:

- 5 programmes:
    - 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.
- 4 business imperatives:
    - Address health inequalities with a determined focus on the best start in life;
    - Better use of intelligence to inform decision-making;
    - Building purposeful relationships with key partners; and
    - Improved financial efficiencies.
- 3 levels of intervention across the life course.
    - Civic-level - healthy public policy;
    - Service-level - evidence-based, effective, efficient and accessible services; and
    - Community-level - family of community centred approaches.

It was commented that the Public Health aimed to create healthy environments by developing a system led approach to creating places that promote healthy eating and moving more; creating a Healthy Weight Alliance to take a strategic approach to healthy weight, nutrition and physical activity across the life course; embedding healthy eating and physical activity into other settings to create impactful change and sustainability; and using the Healthy Weight Declaration as a framework for action. It was added that a report, seeking the Executive's approval to adopt the Healthy Weight Declaration, was due to be considered on 19 July 2023.

In terms of creating environments for healthy food, Public Health undertook work by supporting the Middlesbrough Food Partnership in its Gold Award bid, embedding School Food Standards, implementing the Eat Well South Tees and Eat Well Schools Award and using the Holiday Activities and Food (HAF) programme as a healthy eating education tool.

In terms of creating environments for physical activity, Public Health had undertaken work with partners to encourage residents to become more active. Public Health aimed to embed a system change, in terms of developing healthy environments, by working with the Local Planning Authority to embed physical activity and health in the planning process.

In terms of protecting health, Middlesbrough had some significant issues. It was advised that Middlesbrough had the highest the rate of Syphilis in the North East (higher than the England average) and the 2nd highest rate of gonorrhoea. In terms of 0-5 vaccines, 5 out of 13 vaccines in Middlesbrough were below the outbreak threshold. In terms of adolescent vaccines, those were now below the 35% threshold, which significantly increased the risk of a local Diphtheria, Polio and Meningitis outbreak. In addition, the impacts of housing conditions on health and the ability to identify and respond to those was also an area of concern.

The scrutiny panel was advised that, based on Middlesbrough's significant issues, Public Health had identified the following priorities for 2023/24:

- Work would be undertaken with the sexual health service to increase communication, testing, partner notification and treatment of Sexually Transmitted Infections (STIs).
- A targeted approach would be taken by the new sexual health prevention services (Brook/Terrance Higgins Trust) to increase STI testing for young people and those at risk groups and to reduce unintended pregnancies (Middlesbrough had the highest rate in England).
- A Clean Air Strategy would be launched across South Tees.

- Work would be undertaken with key partners to increase the knowledge, skills and capacity to support the Health Protection agenda (alerting to housing conditions such as mould, control measures in settings to prevent against outbreaks, outbreak management and promote uptake of preventative measures such as vaccinations).
- Work would be undertaken with GP practices/Children Centres/Maternity Services and Health Visiting to increase MMR vaccination uptake.
- Work was being undertaken to increase adolescent vaccine uptake through behavioural insights work (pilot MacMillan), involving engagement with all secondary educational settings, which had already achieved an increase in consent and uptake rates.

Members heard that, in terms of preventing ill-health, the challenges faced by Middlesbrough included:

- The health of residents in Middlesbrough was generally worse than the England average.
- Middlesbrough was one of the 20% most deprived authorities in England.
- Middlesbrough males had the 2nd lowest life expectancy in England and females had the 4th lowest.
- Middlesbrough's females had the highest rate of preventable mortality in 2018 to 2020 with 205.4 deaths per 100,000.
- Middlesbrough had the 2nd highest rate of under 75 mortality from causes considered preventable.
- Middlesbrough had the 4th highest incidence for under 75 mortality for cancer in England.
- Screening uptake for breast, cervical and bowel cancer was significantly lower than the England average.
- Gaining access to screening data, at a local level, to allow for the targeting of services had been problematic.
- Smoking remained the leading cause of preventable death in the UK and local prevalence was 17.2%, which was higher than the England average of 13.9% and had led to Middlesbrough having a higher rate for smoking attributed mortality.
- Middlesbrough's levels of both adult and child obesity were higher than the national average.

It was advised that Public Health had set priorities for 2023/24 aimed at addressing Middlesbrough's challenges and preventing ill-health. Those priorities focussed primary prevention, secondary prevention and tertiary prevention. Public Health's priorities focussed on areas such as increasing referrals into the stop smoking service from targeted and high risk groups and increasing local uptake of breast, bowel and cervical screening programmes.

In terms of reducing vulnerability, on a South Tees footprint there was Changing Futures (a programme aimed at improving outcomes for adults experiencing multiple disadvantage), the Reducing Vulnerabilities Workstream, the Supplemental Substance Misuse Grant and the Individual Placement and Support (IPS) service (a service supporting people with severe mental health difficulties into employment). For Middlesbrough, there was a service model and the Rough Sleeping Drug and Alcohol Treatment Grant (2022 to 2024).

Members heard that the Changing Futures programme aimed to build strong cross-sector partnerships at a strategic and operational level to design and implement an improved approach to tackling multiple disadvantage, including a combination of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system. The programme focussed on developing a person-centred approach, at the local system level.

Public Health planned to develop a person-centred approach across the full local vulnerabilities system. It was envisaged that a person-centred approach would ensure a more holistic support package was provided, whereby all of the priority needs (multiple vulnerabilities) could be met simultaneously. A co-ordinated and collaborative approach with key partners was seen as vital in achieving consistent, high-quality delivery and removing duplication.

In terms of promoting positive mental health, Public Health had a vision to ensure that individuals, families and communities were supported to become more resilient to achieve

emotional well-being. The key areas of focus, in respect of the vision were:

- Children and Young People;
- Suicide Prevention;
- Prevention and Early Intervention;
- Dementia; and
- Resilient and Connected Communities.

In terms of the Best Start in Life and Middlesbrough's key challenges, local data had identified statistics that were likely to impact on a child's life chances, such as Middlesbrough having the highest rate of teenage pregnancies in England. In terms of achievements with regard to the Best Start in Life, the following was outlined to the scrutiny panel:

- a new Best Start Partnership had been developed with key partner agencies; and
- 1001 Days insight work was being undertaken around parental experience, which planned to allow Public Health to gain a greater understanding of the needs of Middlesbrough's parents and facilitated the development of an intelligence-led approach.

It was advised that Public Health had a responsibility to publish a Joint Strategic Needs Assessment (JSNA). The JSNA aimed to determine the current and future health and care needs of the local population and was vital in informing and guiding service planning, commissioning and delivery of health, well-being, and social care services to ensure the needs of Middlesbrough's communities were met. Members heard that the JSNA provided the intelligence behind the missions outlined in the South Tees Health and Wellbeing Strategy. The JSNA developed a collective understanding of the missions and broad contributing factors to the current outcomes experienced. Two examples, demonstrating the missions and goals outlined in the strategy, were:

- *Life course* - **Start Well** (ensuring children and young people had the best start in life).
  Mission - to narrow the gap between children growing up in disadvantage and the national average by 2030.
  Goals - to eliminate the school readiness gap between those born into deprivation and their peers and to eliminate the attainment gap at 16 amongst students receiving free school meals.
- *Life course* - **Live Well** (people live healthier and longer lives).
  Mission - reduce the proportion of families living in poverty.
  Goals - reduce the levels of harmful debt in communities and improve levels of high-quality employment and increased skills in the employed population.

Members heard that a partnership had been developed involving Middlesbrough Council, Redcar & Cleveland Council and Teesside University to undertake health determinants research. It was advised that the research would aim to better understand local communities and the reasons the health of the public was fundamentally influenced by the wider determinants of health - for example, education, employment and transport. The research planned to have an organisational wide focus, as well as a specific programme of work to support research development in three directorates across both local authorities (specifically 1. children's and families; 2. adult social care; and 3. regeneration).

A Member raised a query regarding engagement with diverse and deprived communities. In response, the Director of Public Health advised Teesside University were leading on a model of engagement to ensure communities were represented and consulted to determine and understand the local context. The information gathered would then be analysed to shape and inform health determinants research.

A Member raised a query regarding the sharing of best practice. In response, the Director of Place Based Delivery advised that there were many informal networks that discussed best practice. In terms of formal arrangements, the ICB had arrangements in place to share ideas and good practice across North East and North Cumbria and Public Health had arrangements in place across South Tees. However, it was explained that there was not a formal structure in place to discuss best practice across the country. It was added that it would be beneficial to have a repository of national best practice examples, which could be accessed by all organisations, including health and care services.

AGREED

That the information presented to the scrutiny panel be noted.

23/8 **PROPOSED MEETING SCHEDULE FOR 2023/24**

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

AGREED

That the proposed meeting schedule, for 2023/24, be approved.