Middlesbrough
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Legal and Governance

HEALTH SCRUTINY PANEL

Date:	**Tuesday 16th January, 2024**
Time:	**4.30 pm**
Venue:	**Mandela Room, Town Hall, Middlesbrough**

AGENDA

1. Apologies for Absence

2. Declarations of Interest

3. Minutes - Health Scrutiny Panel - 11 December 2023 — 3 - 10

4. Council Budget 2024/25 and MTFP Refresh — 11 - 18

   The Director of Public Health and the Mayor and Executive Member for Adult Social Care and Public Health will be in attendance to present the budget in respect of Public Health.

5. Avoidable Deaths and Preventable Mortality - An Introduction — 19 - 42

   The Consultant in Public Health will provide a general overview/introduction of the topic, including:
   - information on the role of Public Health South Tees in preventing ill-health, specifically:
     - reducing inequalities through the prevention and early detection of disease and supporting the management of long-term conditions; and
   - key data and information on Middlesbrough's rates of preventable and avoidable mortality and how these compare regionally and nationally.

6. Overview and Scrutiny Board - An Update

   The Chair will present a verbal update on the matters that were considered at the meeting of the Overview and Scrutiny Board held on 20 December 2023.

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 8 January 2024

MEMBERSHIP

Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, D Coupe, D Jackson, D Jones, J Kabuye, S Tranter and J Walker

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Georgina Moore, 01642 729711, georgina_moore@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Monday 11 December 2023.

PRESENT: Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, D Coupe, D Jackson, J Kabuye and S Tranter

ALSO IN ATTENDANCE: C Blair (Director) (North East & North Cumbria Integrated Care Board), N Madden (Commissioning Delivery Manager) (North East & North Cumbria Integrated Care Board) and C Cooke - Elected Mayor (Elected Mayor and Executive Member for Adult Social Care & Public Health)

OFFICERS: M Adams and G Moore

APOLOGIES FOR ABSENCE: Councillors D Jones and J Walker

23/24 **DECLARATIONS OF INTEREST**

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

23/25 **MINUTES - HEALTH SCRUTINY PANEL - 20 NOVEMBER 2023**

The minutes of the Health Scrutiny Panel meeting held on 20 November 2023 were submitted and approved as a correct record.

SUSPENSION OF COUNCIL PROCEDURE RULES - ORDER OF BUSINESS

ORDERED: That in accordance with section 4.57 of the Council Procedure Rules, the scrutiny panel agreed to vary the order of business to consider Agenda Item 5 as the next item of business.

23/26 **DRAFT FINAL REPORT - DENTAL HEALTH AND THE IMPACT OF COVID-19**

The Democratic Services Officer presented a brief overview of the draft final report on the topic of Dental Health and the Impact of Covid-19. The following information was provided:

- The aim of the scrutiny review was to examine the oral health of Middlesbrough's population and the accessibility of local NHS dentistry services.
- The Terms of Reference, for the review, were detailed at paragraph 2 of the report.
- Background information, included at paragraphs 3 to 14 of the report, provided a definition of oral health, NHS dentistry and details on access to NHS dental services.
- Evidence in respect of Term of Reference A was included at paragraphs 15 to 24 of the report and covered the Local Authority's responsibilities in respect of oral health and NHS England's responsibilities in respect of dentistry.
- Evidence in respect of Term of Reference B was included at paragraphs 25 to 35 and covered oral health data in respect of Middlesbrough's children and adults, information on oral health promotion and the future work of the Local Authority to improve oral health.
- Evidence in respect of Term of Reference C was included at paragraphs 36 to 61 and covered information on Covid-19, dental workforce recruitment and retention, NHS dental contract and dental system reform and work being undertaken to improve access to dental care.
- Evidence in respect of Term of Reference D was included at paragraphs 62 to 79 and covered information reported by Healthwatch, detailing the views and experiences of the local population during the period March 2020 to October 2023. It also included

information on the future work of Healthwatch and the North East and North Cumbria Integrated Care Board (ICB).

- Evidence in respect of Term of Reference E was included at paragraphs 80 to 110 and covered programmes to reduce oral health inequalities, such as targeted supervised tooth brushing in childhood settings, the provision of toothbrushes and paste by post, targeted community fluoride varnish programmes, water fluoridation programmes, the development of an oral health strategy and improving access to Teesside University's Student Dental Facility.

- Additional Information was included at paragraphs 111 to 119 and covered advice for patients with an urgent dental treatment need and safeguarding. Whilst those areas were not directly covered by the terms of reference, they were relevant to the work of the scrutiny panel.

- The conclusions were detailed at paragraph 120 of the report and they summarised the main findings of the review and identified key areas for further consideration, in terms of Middlesbrough's oral health and access to dental care services.

Following the publication of the agenda, two comments had been received from the North East and North Cumbria Integrated Care Board (ICB) and NHS England.

- In terms of paragraph 49 - The ICB had requested that the sentence, which referenced '*For example, a dentist is paid the same fee, regardless of whether they perform one filling on a patient or 10.*' was replaced with '*Recent national dental contract reforms introduced in November 2022 have gone some way to start to address this with the introduction of enhanced UDAs, to support higher needs patients who require treatment on three or more teeth or more complex molar endodontic care to permanent teeth, recognising that this care can be more time consuming*.'

- In terms of Conclusion g) - NHS England had requested the removal of the final sentence '*Furthermore, the prospect of the SDF delivering a targeted community fluoride varnish programme, for Middlesbrough's population, should also be explored*.' It had been explained by NHS England that the fluoride varnish programme was best delivered by NHS dental practices that were previously commissioned, as they already had a relationship with the school and they had provided urgent care for children that did not have a dental practice and who were picked up as part of the fluoride varnish application. It was also thought that any community fluoride varnish programme, without a direct prescription, would have needed to have been under the oversight of a consultant in dental public health.

The scrutiny panel was in agreement that the draft final report should be updated to reflect the proposed amendments submitted by the ICB and NHS England.

Following consideration, the following recommendations were agreed for inclusion in the final report:

a) That a further census survey of 5-year-old children is undertaken to enable analysis of data at a ward-level to identify health inequalities and enable the delivery of more targeted support.

b) That a locally tailored oral health strategy is developed, which is based on an oral health needs assessment.

c) That the Local Authority works with the relevant local authorities in the North East, the Office for Health Improvement and Disparities (OHID), NHS partners and the relevant water companies to support and delegate responsibility to respond to the OHID national water fluoridation public consultation (due in early 2024) to the Director of Public Health.

d) That the Health Scrutiny Panel receives regular updates on progress made with implementing a water fluoridation scheme for the region, including the outcome of the public consultation.

e) *That targeted work is undertaken to increase uptake of the supervised tooth brushing programme and ensure engagement of the early years settings and primary schools located in town's most deprived areas.*

f) *That, for those families who choose not to engage with the health visiting service, free toothbrushes and toothpaste are sent via postal delivery to encourage parents to adopt good oral health practices.*

g) *That a targeted community fluoride varnish programme is commissioned to reduce health inequalities across Middlesbrough's population.*

h) *That, to influence the national reform of NHS dentistry, the Chair of the Health Scrutiny Panel writes to the Secretary of State and the NHS England regional team undertake work, to make access to NHS dental services equal and affordable for everyone in the region.*

i) *That an update is submitted to the Health Scrutiny Panel in 6 months' time in respect of:*

- *the North East and North Cumbria Integrated Care Board's (ICB) recovery plan to improve access to NHS dental services; and*
- *how feedback from the local population has been utilised to formulate solutions and determine future plans.*

j) *That Teesside University, the Local Authority and the North East and North Cumbria ICB work collectively to overcome and address current referral restrictions associated with the Student Dental Facility, with an aim to improving accessibility for those experiencing problems with accessing NHS dental care.*

AGREED

That the final report on Dental Health and the Impact of Covid-19 be approved and submitted to the Overview and Scrutiny Board for consideration, subject to the report being updated to reflect the proposed amendments from the ICB and NHS England and the inclusion of the agreed recommendations.

23/27 **WOMEN'S HEALTH SERVICES - AN UPDATE**

The Director of Place Based Delivery and the Commissioning Delivery Manager from the North East and North Cumbria Integrated Care Board (ICB) were in attendance to provide information on the women's health programme.

The Commissioning Delivery Manager advised that the Department of Health and Social Care (DHSC) had recently published the Women's Health Strategy for England, which set out 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listened to women. The strategy encouraged the expansion of women's health hubs across the country to improve access to services and health outcomes. The DHSC had recently announced a £25 million investment, nationally, to create new women's health hubs, as part of the Women's Health Strategy for England. It was explained that North East and North Cumbria ICB had been allocated £595,000.

The scrutiny panel heard that:

- 51% of the population were women;
- 59% of women were unpaid carers;
- 78% of the NHS workforce were women; and
- 82% of the social care workforce were women.

In terms of national health challenges, the following areas were outlined:

- Although women lived longer than men, women's heathy life expectancy was less than men.
- Contraception was difficult to access.
- 45% of pregnancies were unplanned or ambivalent.

- Abortion rates were rising in women over 22 years old, often because they were unable to access long-acting reversible contraception (LARC), such as the implant or the coil.
- Maternal mortality was 4x higher in black women and 2x higher in Asian women.
- Suicide was the leading cause of direct maternal death in the first postnatal year (UK and IE).
- 35% of women who were eligible for screening had not been tested in over three years, which could have saved approximately 1400 lives in England per year.
- Women from more deprived areas were less likely to take up breast screening.
- Menopause symptoms lasted for an average duration of 7 years and around a quarter of women suffered severe symptoms.
- Since 2018:
  - in the most affluent areas of England, there had been a 4-fold increase in the number of women accessing Hormone Replacement Therapy (HRT); and
  - in the most deprived areas of England, there had been a 2.5-fold increase in the number of women accessing HRT.
- 1 in 3 women over 60 years old experienced urinary incontinence.
- The symptoms for cardiovascular disease varied for women, and women often received their diagnosis later than men.
- Osteoporosis and frailty were major causes of morbidity and mortality for women.

The priority areas of the Government's Women's Health Strategy included:

- Menstrual health and gynaecological conditions;
- Fertility, pregnancy, pregnancy loss and post-natal support;
- Menopause;
- Mental health and wellbeing;
- Cancers;
- The health impacts of violence against women and girls; and
- Healthy aging and long-term conditions.

In terms of the regional context, for the area of the North East and North Cumbria, the following information was outlined:

- The gap in life expectancy between the most and least deprived neighbourhoods had increased for both males and females.
- Women lived longer than men, but on average women lived longer in poor health.
- Women in the region were not looking after themselves e.g. breast screening uptake.
- There were wide inequalities in health e.g., HRT.
- Around 28% of working-age women were economically inactive, compared to 22% of men.
- Nearly a third of girls and women lived in the 20% most deprived neighbourhoods across England.
- Levels of access to LARCs had not yet returned to pre-pandemic levels and were lower than England levels.
- Abortion rates, including under 25s repeat abortions, were on an upward trend.
- The rate of emergency hospital admissions for intentional self-harm was significantly higher in girls and women.
- Over a quarter of women (27%) had a diagnosis of anxiety.
- In 2021, the leading causes of death for all ages of women were cancer, followed by circulatory disease, dementia, and Alzheimer's,
- Musculoskeletal conditions, fractures and hospital admissions due to falls, were much more likely to affect women than men.
- The rate of falls, for women, was significantly higher than the England average.

In terms of regional work, the following areas were outlined to the scrutiny panel:

- A regional Women's Health Steering Group, Operational Group and Community of Practice had been established, with Tees Valley representation.
- A North East and North Cumbria Women's Health Strategy Conference had been held in October 2023, with the Office for Health Improvement and Disparities (OHID).
- Work had been undertaken to map the progress of ongoing initiatives, regionally, and

liaise with place leads for women's health.

- Work had been undertaken to understand population need in the Tees Valley and develop insights by analysing population health management data (across the region, the Tees Valley had been the first area to complete that work).
- Work had been undertaken to map existing commissioned services across the Tees Valley, against the aims of the Women's Health Strategy. Following completion of the work, gaps in provision, risks, issues and key areas of focus were identified for the Tees Valley.
- Work had been undertaken with the voluntary community sector to identify other service provision that was available locally.

Members were informed that each ICB place, including the Tees Valley, had been invited to bid for the available funding of £595,000, from Government, to develop at least one Women's Health Hub within the North East and North Cumbria footprint. The Tees Valley had submitted a proposal, outlining the key areas of focus, including the menopause and LARC. Unfortunately, the Tees Valley's bid had been unsuccessful and the funding had been awarded to Sunderland, Gateshead and North Cumbria. Those areas had been awarded the funding to test the concept of the women's health hubs. It was then hoped that, depending on the outcomes, funding would become available to other areas to improve local services.

As part of wider Tees Valley stakeholder engagement, the following key areas had been identified:

- improve Menopause/HRT offer;
- improve access to contraception - Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC);
- pessary fitting/removal for prolapse; and
- increase uptake of cervical screening.

It was commented that to strengthen/develop existing service provision there was a need to improve access and deliver clinics for those individuals who were born females, but who no longer identified as women. There was also a need to improve access for women with learning disabilities.

The ICB had engaged with HealthWatch to seek feedback on experiences of women's health services, particularly support for the menopause.

The ICB was currently developing the North East and North Cumbria Women's Health Programme to take forward the implementation of the national strategy. The next steps were outlined to the scrutiny panel:

- Following completion of the current service provision mapping exercise, information and data would be consolidated and analysed to identify opportunities and gaps, which align to local needs and the strategic aims of the Women's Health Strategy.
- The Women's Health Collaborative would use collective knowledge to spread and share information and focus on initial priorities and opportunities.
- A communication, engagement and involvement strategy would be aligned to the development and implementation of the programme.
- Feedback from HealthWatch would be utilised to inform service improvement/development.

A Member raised a query regarding breast cancer diagnosis during pregnancy. In response, the Director of Place Based Delivery advised that the Tees Valley benefitted from symptomatic breast service one stop outpatient provision at the University Hospital of North Tees. Following diagnosis, the majority of patients received treatment/surgery at their local hospital sites. The ICB was focused on promoting collaborative working and the delivery of clear pathways, which aimed to ensure, for instance, that those on a maternal pathway were referred to the diagnostic one stop provision if they found a lump in their breast - to ensure a quick diagnosis. Work was being undertaken to ensure that a consistent offer was available. It was added that, unfortunately, there was not sufficient healthcare capacity to offer a similar service at James Cook University Hospital.

A Member raised a query regarding accessibility to services. In response, the Commissioning

Delivery Manager advised feedback received had indicated that barriers had been encountered in terms of the accessibility of services. It was commented that the implementation of the hub model would have undoubtedly improved accessibility but unfortunately the Tees Valley had not been successful in securing funding to do that. The Director of Place Based Delivery advised that the Tees Valley was fortunate, as the area had many different health facilities and the service provision available met the needs of the local population of women. However, work was needed to improve accessibility to those services. Available opening hours was one specific area that required further consideration. The ICB was also mindful that there was a need to overcome perceived stigma by re-branding services. A Member commented on the importance of women's health services being welcoming.

A Member raised a query regarding women's health hubs. In response, the Director of Place Based Delivery advised that women's health hubs were a concept, which aimed to bring women's health services together in a more accessible way. It was a network of services that could be accessed by visiting one location. The funding available was for a one-off investment that was ringfenced specifically to co-locate services. The Tees Valley was already fortunate to have an extensive amount of women's health services that were already grouped together. However, the importance of those services communicating with one another was highlighted, as was the need to ensure that there were not multiple points of contact for women when they were trying to access services. It was highlighted that Sunderland, Gateshead and North Cumbria would be delivering those women's health services from one particular location.

A Member raised a query regarding the outcomes of the town-wide initiative to promote breastfeeding in public places. The Director of Public Health advised that data, in respect of initiation and maintenance rates, would be circulated to the scrutiny panel. The Mayor and Executive Member for Adult Social Care and Public Health commented that in terms of breastfeeding, in Middlesbrough, rates differed drastically between the more affluent areas and the most deprived areas.

A Member raised a query regarding maternal mortality being 4x higher in black women. The Commissioning Delivery Manager advised that the data had been reported nationally. It was commented that information would be shared with the scrutiny panel on disparities in outcomes for women, depending on their ethnicity. The Director of Place Based Delivery commented that work was being undertaken by the ICB to track access and equity of provision with an aim to pinpoint cultural barriers and improve access.

A Member raised a query regarding the partners that the ICB had engaged with to map current service provision. In response, the Commissioning Delivery Manager advised that a document, detailing the feedback received from partners, would be shared with the scrutiny panel.

A Member raised a query about incidences of domestic abuse. In response, the Director of Place Based Delivery advised that specific safeguarding procedures were in place. It was added that data, regarding disclosures to health professionals, would be circulated to the scrutiny panel.

A discussion ensued regarding the Women's Health Strategy. The importance of analysing data and information, to demonstrate/evidence improved outcomes for women, was highlighted.

AGREED

That the information presented to the scrutiny panel be noted.

23/28 **OVERVIEW AND SCRUTINY BOARD - AN UPDATE**

The Chair explained that at the meeting of the Overview and Scrutiny Board, which was held on 15 November 2023, the Board had considered:

- an update from the Executive Member for Finance and Governance;
- the Executive Forward Work Programme; and
- updates from the Scrutiny Chairs.

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2024/25 Budget & MTFP Scrutiny Consultation

January 2024

Agenda

- Remaining Budget Gap
- Post Settlement Update/ Exceptional Financial Support
- Public Health Grant
- Questions : Public Health
- Next Steps and Close

Remaining Budget Gap after all current budget proposals and Council tax assumptions

Item	2024/25 £m	2025/26 £m	2026/27 £m	Cumulative £m
Revised gap before new budget savings proposals	**18.098**	**6.552**	**2.272**	**26.922**
New savings proposals	(14.038)	(5.083)	(1.967)	(21.088)
Revised gap after new savings proposals	**4.060**	**1.469**	**0.305**	**5.834**
New growth to support transformation	0.000	0.127	0.000	0.127
Reversal of savings approved by Council in 2023/24 Budget Report	1.158	-	-	1.158
Proposed unachievable previously approved savings	1.061	-	-	1.061
New growth/amend previous years' savings	**2.219**	**0.127**	**0.000**	**2.346**
Refreshed Budget Gap + / Surplus ()	**6.279**	**1.596**	**0.305**	**8.180**

Report Reference - Table 18

Post Settlement Update

- **Local Government Finance Settlement** announced 18 December
  - Analysis of impact will be complete early January
- Initial assessment - settlement is in line with officer expectations and **does not close the 2024/25 budget gap.**
- CIPFA guidance to s151 Officers who are considering issuing a **s114 Notice** is to:
  - engage with DLUHC and make an application for **Exceptional Financial Support (EFS)**
  - in order to agree a financial recovery plan that will avoid the requirement for a s114 Notice
- EFS will provide a temporary funding solutions that will buy time for the Council to achieve financial sustainability and avoid a s114 Notice
- Prior to issuing a s114 Notice, the s151 Officer and Chief Executive, with the support of the Mayor and Executive
  - will make an **application for EFS – Mid January**
  - **DLUHC response** expected at the latest prior to Council meeting on **28 February.**

Public Health: Clarity of PH Grant Spend Against PH Grant Conditions

<u>Aims</u>:

1. Ensure the PH Grant spend is compliant with the PH Grant conditions
2. Establish clarity of priority PH outcomes through the development of the Public Health Strategy
3. Development of whole Council action through clear SLAs and PH Grant allocation

Phase 1: Establish the scale of risk of the current allocation, applying principles established in Nottingham and adopted by ADPH which were used to review existing allocations, considering areas that are delivering to (non-PH) statutory duties and that are routine Council services. PH Grant allocation assessed as <u>Red</u> or <u>Amber (meaning PH funding could not be allocated to these line)</u>: £4.858m

Phase 2: Development of the PH Strategy, building on the PH Programme Approach to articulate clearly the priority PH Outcomes followed by meetings with Finance Business Partners' and HoS to identify areas of the council that can contribute to PH outcomes. The funding contributions were agreed and SLA's were developed between PH and directorates for the contributions.

Phase 3: Establish a governance framework to oversee the delivery of Public Health outcomes against the contributions aligned to the SLA's. The PH strategy, PH grant allocation and SLA's went to Executive on 20 December 2023

Agenda for Executive on Wednesday 20th December, 2023, 12.30 pm | Middlesbrough Council

Directorate	2023/24 Budget
Adult Social Care	£1.004m
Children's Care	£2.879m
Education and Partnerships	£0.566m
Regeneration	£0.457 m
Environment and Communities	£0.920 m
Finance	£1,005m
Legal and Governance Services	£0.458 m
Total contribution across council	£7.289m

Public Health – Financial Context 2023/24

- For Period 7 (October 2023), the forecast outturn is £133.792m (before Financial Recovery Plans), an adverse variance of £7.438m (+5.9%) – a decrease of (£1.118m) from the £8.556m reported at Quarter 2.
- Financial Recovery Plans totalling £1.584m have been proposed which if assured and fully implemented would reduce the adverse variance to £5.854m.
- Public Heath, with a current gross spend budget of £18.309m forecast outturn is £17.913m with the balance, a **favourable variance of £0.396m** allocated to Public Heath Reserves.
- The key drivers of the favourable variance is due to underspend in relation to reduced prescribing costs under substance misuse services and staff savings arising from delayed recruitment to vacant posts

Questions

Next Steps & Close

- Individual Panel's views/ comments will be compiled in a "consolidation briefing note" and discussed at the OSB Special meeting on the 18th Jan.

- Once agreed at OSB this will be submitted to the Mayor/ Exec by the Chair of OSB.

- If any answers are provided outside of the Panel these may need to be fed into the "consolidation note."

PUBLIC HEALTH SOUTH TEES

Middlesbrough Health Scrutiny
Ill Health Prevention

Dr Michelle Stamp
Consultant in Public Health
Public Health South Tees

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Aim

To provide an overview key data on risk factors for ill health and rates of preventable mortality across Middlesbrough

To update on the work of Public Health South Tees in preventing ill health, reducing inequalities through prevention and early detection of disease

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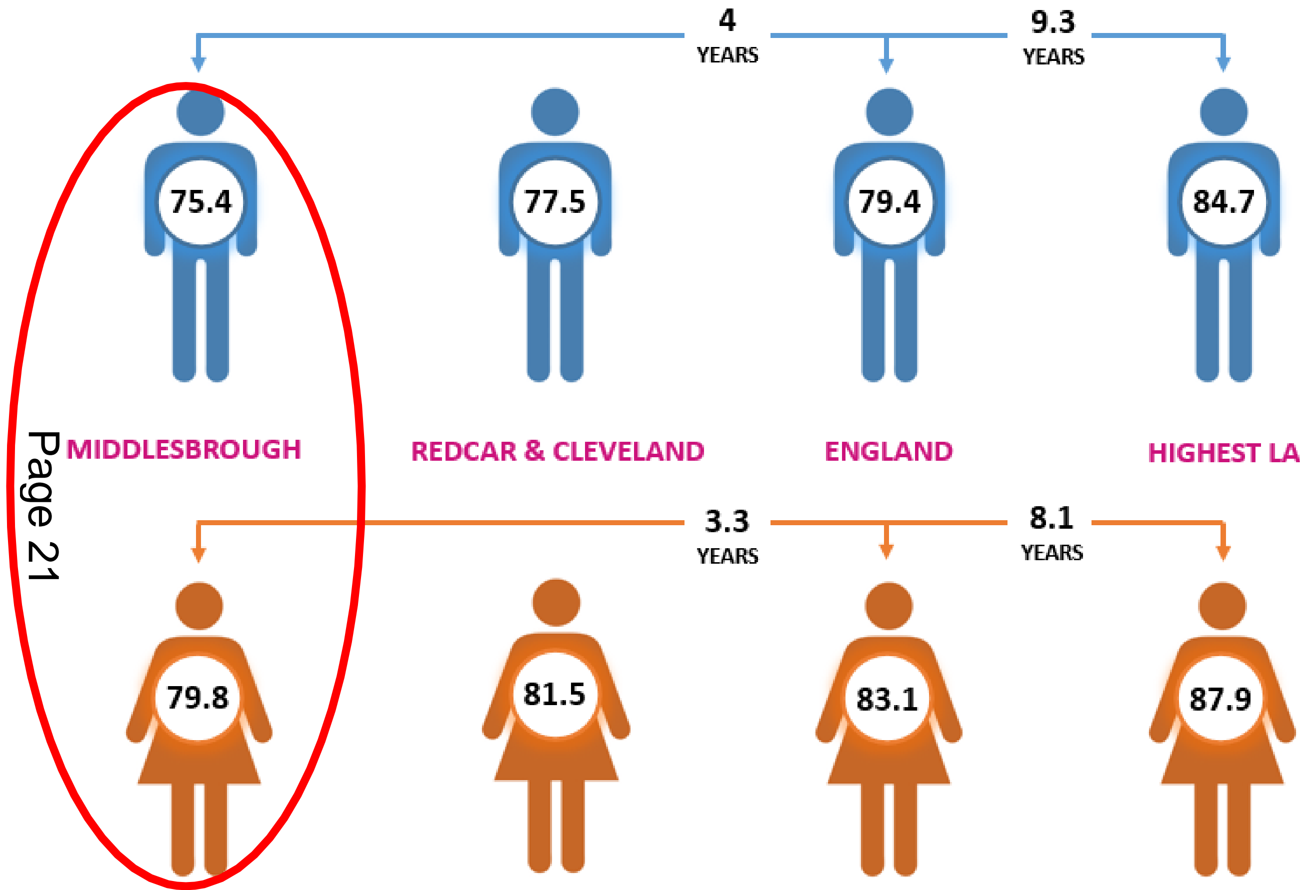
Life Expectancy at Birth *(2018-20)*



Gap Widening VS England

Redcar & Cleveland

	Male	Female
2010-12	*0.6 years*	*1.1 years*
2018-20	*1.9 years*	*1.6 years*

Middlesbrough

	Male	Female
2010-12	*2.9 years*	*2.7 years*
2018-20	*4 years*	*3.3 years*

Source – ONS

PUBLIC HEALTH SOUTH TEES
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Male Life Expectancy at Birth by Ward

Male Life Expectancy by South Tees Ward (2016-20) vs Index of Multiple Deprivation Score (2019)

Middlesbrough
Redcar & Cleveland

Years: 85, 83, 81, 79, 77, 75, 73, 71, 69, 67, 65

80, 70, 60, 50, 40, 30, 20, 10, 0

Hutton Ward - 84.3 years

Central Ward - 69.4 years

14.9 years difference

Most Deprived ← → Least Deprived

Source – Local Health, OHID & IMD

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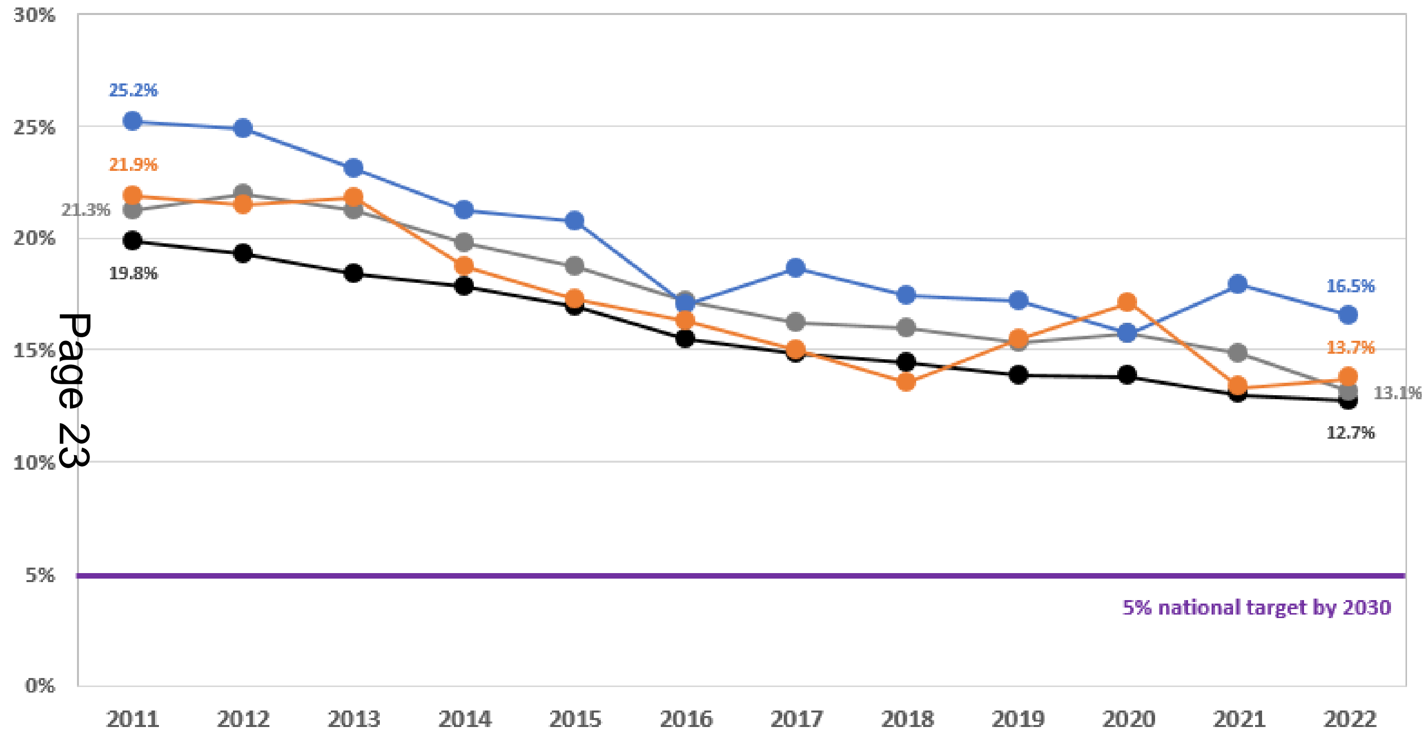
Risk Factor - Smoking



- Smoking prevalence rate in Middlesbrough in 2022 is 16.5% higher than England rate 12.7%
- In England there has been a steady decline in smoking prevalence in the adult population, with a reduction from 19.8% in 2011 to 12.7% in 2022
- In Middlesbrough, the rates although fluctuate have also reduced.

Source – Annual Population Survey, ONS

PUBLIC HEALTH SOUTH TEES
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Risk Factor - Alcohol

PUBLIC HEALTH SOUTH TEES

	Indicator	Period	Middlesbrough		Redcar & Cleveland		Region	England
			Count	*Value*	*Count*	*Value*		
Mortality	Alcohol-related mortality (rate per 100,000)	2021	66	51.6	69	47.4	50.4	38.5
	Alcohol-specific mortality (rate per 100,000)	2021	28	21.5	31	21.6	20.4	13.9
	Under 75 mortality rate from alcoholic liver disease (rate per 100,000)	2021	17	14.3	23	17.7	17.2	11.5
	Mortality from chronic liver disease, all ages (rate per 100,000)	2021	21	16.1	29	19.8	21.6	14.5
	Potential years of life lost due to alcohol-related conditions (Male) (rate per 100,000)	2020	1,122	1,796	1,146	1,737	1,531	1,116
	Potential years of life lost due to alcohol-related conditions (Female) (rate per 100,000)	2020	594	968	628	914	796	500
Admissions	Admission episodes for alcohol-specific conditions (rate per 100,000)	2021/22	1,125	855	1090	802	991	626
	Admission episodes for alcohol-related conditions (Narrow) (rate per 100,000)	2021/22	843	638	885	627	721	494
	Admission episodes for alcohol-related conditions (Broad) (rate per 100,000)	2021/22	2,791	2,138	2,922	1,985	2,323	1,734
	Admission episodes for alcohol-specific conditions - Under 18s (rate per 100,000)	2018/19 - 20/21	35	35.6	30	36.2	52	29.3
Availability	Number of premises licensed to sell aclohol per square kilometre	2021/22	425	7.9	411	1.7	1.1	1.3

Source – Local Alcohol Profiles, OHID

Risk Factor - Obesity

PUBLIC HEALTH
SOUTH TEES

Adults Classified as Overweight or Obese (%) - 2021/22

Area	Overweight (%)	Obese (%)	Total
South Tyneside	38.5	37.8	76.3
Hartlepool	40.8	35.4	76.2
County Durham	41	34.2	75.2
Sunderland	38.5	35.4	73.9
Redcar and Cleveland	37.2	34.8	72
Middlesbrough	35.4	35.3	70.7
North Tyneside	34.9	35.8	70.7
Darlington	40.1	30	70.1
Stockton-on-Tees	37.3	32.8	70.1
Gateshead	35.7	32.7	68.4
Newcastle upon Tyne	39.3	24.7	64
Northumberland	37.3	26.1	63.4
North East region	38.1	32.4	70.5
England	37.9	25.9	63.8

Source – Fingertips, OHID

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Premature Mortality

PUBLIC HEALTH SOUTH TEES

- Number and proportion of ALL deaths for 3-year period between 2019 and 2021

All Ages

Top 10 cause of death (2019-21)	England	Middlesbrough		Redcar & Cleveland	
	%	No.	%	No.	%
Cancer (malignant neoplasms)	25.5%	1,214	25.6%	1,386	27.2%
Dementia and Alzheimer disease	11.6%	537	11.3%	524	10.3%
Ischaemic heart diseases	9.7%	457	9.6%	496	9.7%
COVID-19	8.2%	415	8.7%	371	7.3%
Cerebrovascular diseases	5.1%	195	4.1%	255	5.0%
Chronic lower respiratory diseases	4.9%	306	6.5%	330	6.5%
Influenza and pneumonia	3.6%	162	3.4%	149	2.9%
Symptoms, signs & ill-defined	2.7%	130	2.7%	162	3.2%
Accidents	2.7%	188	4.0%	169	3.3%
Cirrhosis & other diseases of liver	1.6%	84	1.8%	101	2.0%
Total Top 10	75.7%	3,688	77.8%	3,943	77.4%
Total deaths all causes	100%	4,743	100%	5,096	100%

Source – Mortality statistics, NOMIS (ONS)

- Top 10 highest causes of deaths for under 75-year-olds

Under 75 years old

Top 10 cause of death (2019-21)	England	Middlesbrough		Redcar & Cleveland	
	%	No.	%	No.	%
Cancer (malignant neoplasms)	35.6%	569	32.0%	634	35.4%
Ischaemic heart diseases	11.1%	176	9.9%	200	11.2%
COVID-19	7.4%	119	6.7%	101	5.6%
Chronic lower respiratory diseases	5.0%	142	8.0%	122	6.8%
Cirrhosis & other diseases of liver	4.2%	72	4.1%	74	4.1%
Accidents	4.2%	125	7.0%	100	5.6%
Cerebrovascular diseases	3.6%	42	2.4%	55	3.1%
Suicide and injury/poisoning	2.8%	36	2.0%	53	3.0%
Accidental poisoning	2.2%	91	5.1%	41	2.3%
Influenza and pneumonia	1.9%	40	2.3%	20	1.1%
Total Top 10	78.0%	1,412	79.5%	1,400	78.1%
Total deaths all causes	100%	1,776	100%	1,792	100%

Source – Mortality statistics, NOMIS (ONS)

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Cancer Screening

	South Tees GP Practice	Breast screening coverage (50-70 yrs old)		Bowel screening coverage (60-74 yrs old)		Cervical screening coverage (25-49 yrs old)		Cervical screening coverage (50-64 yrs old)	
		Count	%	Count	%	Count	%	Count	%
M'bro	Thorntree Surgery	128	52.7	122	44.5	265	63.2	115	64.6
M'bro	Westbourne Medical Centre	413	63.3	454	61.2	560	64.4	333	71.3
M'bro	Kings Medical Centre	569	67.4	583	60.8	798	71.8	445	75.6
M'bro	Crossfell Health Centre	716	56.5	940	63.9	914	64.9	550	65.4
R&C	The Eston Surgery	249	51.6	372	64.4	460	71.9	259	74.2
M'bro	Hirsel Medical Centre	234	60	238	48.1	313	48.3	133	50.8
M'bro	Prospect Surgery	340	61.2	480	61.9	554	52.2	248	67
M'bro	The Erimus Practice	446	61.4	479	56.7	632	51.6	323	58.5
M'bro	The Endeavour Practice	551	64.6	642	62.9	800	49.8	395	65.5
M'bro	The Discovery Practice	482	70.8	511	69.5	703	50	363	74.8
M'bro	Newlands Medical Centre	801	67.3	1,029	65.3	825	54.2	528	65.5
M'bro	Park Surgery	703	65.1	875	64.7	1,087	59	483	67.2
R&C	South Grange Medical Group	1,055	53.4	1,556	64.5	1,679	75.4	993	73.8
M'bro	The Linthorpe Surgery	1,366	58.2	1,958	64.8	1,786	56.9	988	63.1
R&C	Woodside Surgery	528	61.2	818	67.4	613	75	419	75.8
R&C	Normanby Medical Centre	1,113	60.4	1,669	72.2	1,611	75.4	926	75.3
M'bro	Village Medical Centre	782	65.8	944	68	880	69.5	615	74.5
R&C	The Manor House Surgery	779	61.9	1,062	72.6	930	74.8	642	75.4
M'bro	Martonside Medical Centre	645	63.5	965	71.3	886	66.9	477	73.3
M'bro	The Ravenscar Surgery	317	63.4	386	67.2	391	70.8	252	75
M'bro	Bentley Medical Practice	838	63.1	1,212	66.9	981	67.8	617	68.9
R&C	The Saltscar Surgery	805	64.8	1,050	69.6	1,036	81.3	662	79
R&C	The Coatham Road Surgery	588	64.3	772	68.1	705	74.2	490	77.8
R&C	Brotton Surgery	642	60.8	929	72.2	733	71	510	70.4
R&C	The Green House Surgery	927	64.8	1,208	70.8	1,096	75.1	759	77
M'bro	Coulby Medical Practice	932	72.7	1,114	71.6	1,117	78.4	642	77.4
M'bro	Borough Road & Nunthorpe Group	1,170	63.4	1,661	72.1	1,524	68.5	918	73.4
M'bro	Parkway Medical Centre	684	63.9	1,007	72.6	1,052	77.2	543	75.7
M'bro	Cambridge Medical Group	604	64.9	796	66.6	754	73.6	458	70.6
R&C	Hillside Practice	960	65.2	1,380	70.2	1,064	77.9	760	74.9
M'bro	Bluebell Medical Centre	897	67.5	1,280	72.9	1,385	77.5	697	81
R&C	Huntcliff Surgery	1,108	67.8	1,564	74.7	1,027	78.9	860	78.2
R&C	The Garth	1,250	71.9	1,710	74.9	1,261	79.9	887	77.2
R&C	Zetland Medical Practice	788	72	1,088	72.4	677	75.8	529	72.6
R&C	Springwood Surgery	928	75	1,416	79.3	861	79.9	604	77.5
	South Tees CCG	25,350	64	34,277	68.8	32,026	68.3	19,433	72.6
	England	4,716,816	62.3	6,446,929	70.3	7,142,114	68.6	3,986,392	75

ource – GP Practice Profiles, OHID

Appendix – Cause of death (treatable/preventable)

PUBLIC HEALTH SOUTH TEES

Condition group and cause	Treatable	Preventable
Infectious diseases		
Intestinal diseases		•
Diphtheria, Tetanus, Poliomyelitis		•
Whooping cough		•
Meningococcal infection		•
Sepsis due to streptococcus pneumonia/haemophilus influenzae		•
Haemophilus influenza infections		•
Sexually transmitted infections (except HIV/AIDS)		•
Varicella		•
Measles		•
Rubella		•
Viral Hepatitis		•
HIV/AIDS		•
Malaria		•
Haemophilus and pneumococcal meningitis		•
Tuberculosis	• (50%)	• (50%)
Scarlet fever	•	
Sepsis	•	
Cellulitis	•	
Legionnaires disease	•	
Streptococcal and enterococci infection	•	
Other meningitis	•	
Meningitis due to other and unspecified causes	•	
Neoplasms		
Lip, oral cavity and pharynx cancer		•
Oesophageal cancer		•
Stomach cancer		•
Liver cancer		•
Lung cancer		•
Mesothelioma		•
Skin (melanoma) cancer		•
Bladder cancer		•
Cervical cancer	• (50%)	• (50%)
Colorectal cancer	•	
Breast cancer (female only)	•	
Uterus cancer	•	
Testicular cancer	•	
Thyroid cancer	•	
Hodgkin's disease	•	
Lymphoid leukaemia	•	
Benign neoplasm	•	

Condition group and cause	Treatable	Preventable
Endocrine and metabolic diseases		
Nutritional deficiency anaemia		•
Diabetes mellitus	• (50%)	• (50%)
Thyroid disorders	•	
Adrenal disorders	•	
Diseases of the nervous system		
Epilepsy	•	
Diseases of the circulatory system		
Aortic aneurysm	• (50%)	• (50%)
Hypertensive diseases	• (50%)	• (50%)
Ischaemic heart diseases	• (50%)	• (50%)
Cerebrovascular diseases	• (50%)	• (50%)
Other atherosclerosis	• (50%)	• (50%)
Rheumatic and other heart diseases	•	
Venous thromboembolism	•	
Diseases of the respiratory system		
Influenza		•
Pneumonia due to streptococcus pneumonia/haemophilus influenza		•
Chronic lower respiratory diseases		•
Lung diseases due to external agents		•
Upper respiratory infections	•	
Pneumonia, not elsewhere classified or organism unspecified	•	
Acute lower respiratory infections	•	
Asthma and bronchiectasis	•	
Adult respiratory distress syndrome	•	
Pulmonary oedema	•	
Abscess of lung and mediastinum pyothorax	•	
Other pleural disorders	•	
Diseases of the digestive system		
Gastric and duodenal ulcer	•	
Appendicitis	•	
Abdominal hernia	•	
Cholelithiasis and cholecystitis	•	
Other diseases of gallbladder or biliary tract	•	
Acute pancreatitis	•	
Other diseases of pancreas	•	

Condition group and cause	Treatable	Preventable
Diseases of the genitourinary system		
Nephritis and nephrosis	•	
Obstructive uropathy	•	
Renal failure	•	
Renal colic	•	
Disorders resulting from renal tubular dysfunction	•	
Unspecified contracted kidney, small kidney of unknown cause	•	
Inflammatory diseases of genitourinary system	•	
Prostatic hyperplasia	•	
Pregnancy, childbirth and the perinatal period		
Tetanus neonatorum		•
Obstetrical tetanus		•
Pregnancy, childbirth and the puerperium	•	
Certain conditions originating in the perinatal period	•	
Congenital malformations		
Certain congenital malformations (neural tube defects)		•
Congenital malformations of the circulatory system	•	
Adverse effects of medical and surgical care		
Drugs, medicaments, biological substances causing adverse effects	•	
Misadventures to patients during surgical and medical care	•	
Medical devices associated with adverse incidents	•	
Injuries		
Transport Accidents		•
Accidental Injuries		•
Intentional self-harm		•
Event of undetermined intent		•
Assault		•
Alcohol-related and drug-related deaths		
Alcohol-specific disorders and poisonings		•
Other alcohol-related disorders		•
Drug disorders and poisonings		•
Intentional self-poisoning by drugs		•
Provisional assignment of new diseases		
COVID-19		•

Source – Avoidable mortality by local authorities in England, ONS

JSNA – Live Well – Mission 3

PUBLIC HEALTH SOUTH TEES

Aims	Mission	Goal
Live Well	We will support people and communities to build better health	We want to reduce the prevalence of the **leading risk factors for ill health and premature mortality**
		We want to find more diseases and ill health earlier and promote clinical **prevention** interventions and pathways across the system

South Tees Health & Wellbeing Board

Middlesbrough Scrutiny

Ill Health Prevention Partnership

1. Primary Prevention
preventing diseases before they develop through health promotion, education, MECC, best start in life, public health prevention in maternity

2. Secondary Prevention
early detection of people at risk, cancer screening programmes (bowel, breast, cervical), targeted lung health checks, smoking cessation, weight management and obesity, AUDIT C screening for alcohol, NHS health checks

3. Tertiary Prevention
managing established disease, avoiding further complications through Specialist Physical Activity Service, cardiac rehab for stroke patients, home adaptations, inpatient detoxification.

PUBLIC HEALTH SOUTH TEES
Middlesbrough moving forward
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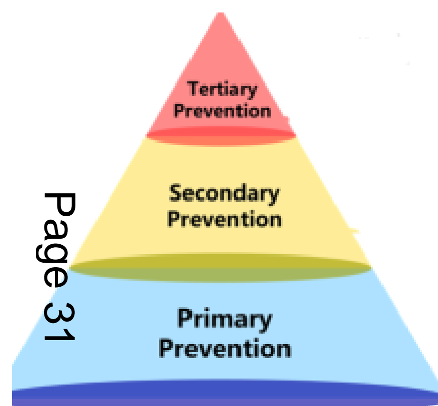
PHST Strategy - IHP priorities 24-27

PUBLIC HEALTH SOUTH TEES



1. Develop a **South Tees Ill Health Prevention Partnership** which provides a link between the Health and Wellbeing Board and partner organisations that have a role in the delivery of ill health prevention, including oversight of the delivery of Care Act prevention duties.
2. Increase uptake of screening programmes to ensure early presentation, diagnosis, and timely access to treatment.
3. Increase understanding and access to prevention through behavioural science and community mobilization in target communities.
4. Work in partnership with primary care to improve uptake of prevention services (NHS Health Checks, SMI Smoking pilot, Type 2 Diabetes LCD, Digital Weight Management), ensuring the use of population health intelligence to identify need and variation across practices.
5. Develop and embed Health on the High Street, integrating health and social care services, and supporting healthy communities and places.
6. Review all primary, secondary and tertiary prevention programmes provided or commissioned by Public Health (including the Healthy Child Programme and the Specialist Physical Activity service), particularly to improve impact on health equity and effectiveness.
7. Improve partnership working with social care to ensure prevention is embedded within social care programmes and plans.
8. Embed Health Inequalities National Policy Drivers and Health Inequalities Impact Assessment in the work of the Foundation Trusts and Primary Care Networks.

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MECC

PUBLIC HEALTH SOUTH TEES

MECC showcase

https://f.io/qckcgHZV

Jonathan Ferguson – Consultant Thoracic Surgeon STFT

CASE STUDY 2

- "During a training course in London, I observed a colleague attempting to sneak a cigarette. Aware of the colleague's struggle to quit smoking during the 12 -day course, I initiated a conversation. It was revealed that traditional methods had failed, prompting a thoughtful discussion with my colleague agreeing that a more tailored approach was necessary, deciding that reducing cigarette consumption and introducing a vape might be a viable solution. The colleague embraced this personalized strategy and arrived the next morning smoke -free, emphasizing the importance of individualized solutions. This experience highlighted the limitations of one-size-fits-all approaches, emphasizing the need for flexible and personalized interventions in addressing complex challenges like smoking cessation".

Safety and Quality First

What opportunity do you have to Make Every Contact Count today?
The smallest change can make the biggest difference
www.meccgateway.co.uk/nenc

Ask me about MECC | Ask me about MECC | Ask me about MECC | Ask me about MECC | Ask me about MECC

Safety and Quality First

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Stop Smoking Service

- PH inhouse service offering 12-week Programme of behaviour change support and full range of NRT (incl. free vapes - swap to stop)
- Flexible appointments - late night / weekend appointments at a range of venues including home visits for house bound / care home residents
- Jan to Dec 23 data included 2021 referrals, with majority of those accessing being working age adults.
- 63% of Middlesbrough residents successfully quit (higher than England average 54%). The most deprived wards across South Tees have the highest rates of people accessing the SSS.
- Severe Mental Illness SSS pilot.

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Cancer Screening

PUBLIC HEALTH SOUTH TEES

Local Behavioural Insights into **HPV** vaccine uptake inequalities

Regional **Cervical** Screening Health Equity Audit published

Review of No Fear Service approach

NENC Cervical Screening HEA report

DATA

Targeted **Lung** Health Check

Grail

Tees Reducing inequalities in **Bowel** Screening Project

LD Bowel screening processes

Alternative languages

Regional **Breast** Health Equity Audit imminent

Rapid Diagnostic Service

Middlesbrough moving forward

NHS Health Checks

PUBLIC HEALTH SOUTH TEES

- Mandated function report quarterly to Secretary of State
- Designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia in 40-74 year olds.
- Shared commissioning approach across Tees with GP providing service and NECS providing data management support.
- Tier payment system introduced to encourage reduction in health inequalities (deciles 1-3 paid more than deciles 4-7 and 8-10)
- Local areas are required to invite 20% of eligible population each year. 2022/23 Middlesbrough invited 18.3% similar to England average 18.4%

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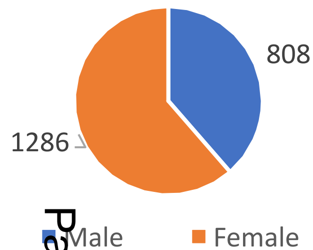
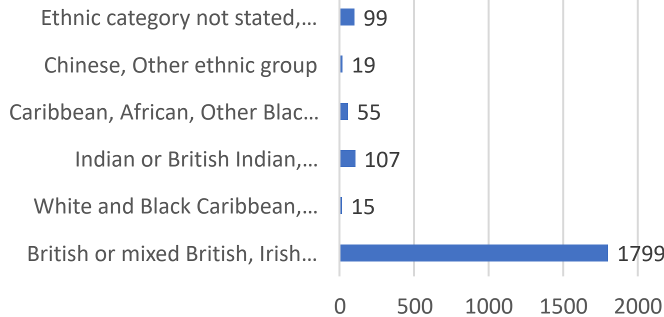
NHS Health Checks - Demographics

Middlesbrough

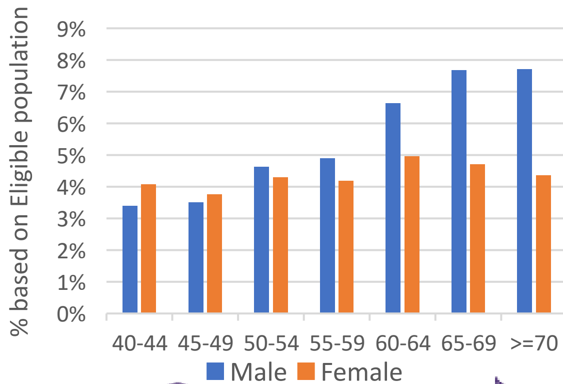
Gender



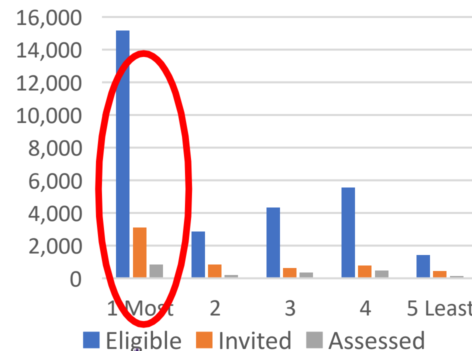
Ethnicity



Age Groups



Deprivation



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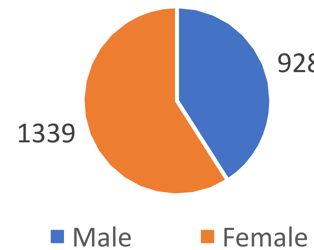
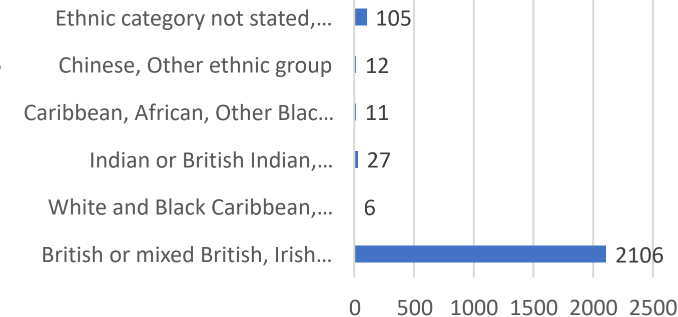
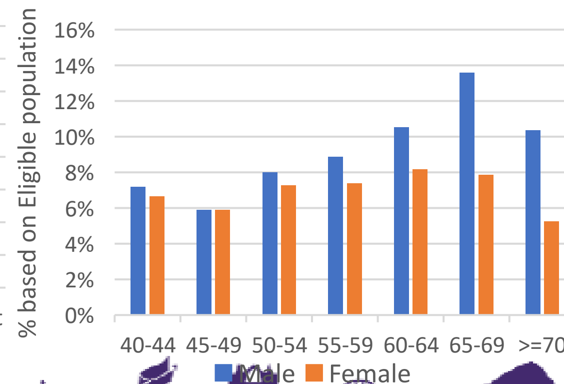
Gender



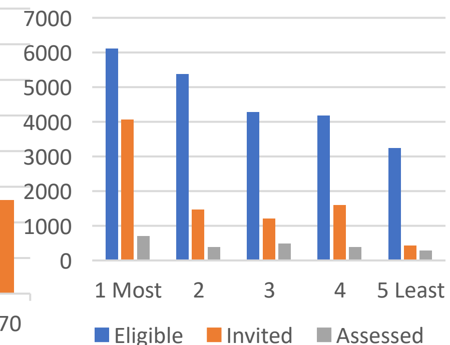
Ethnicity



Age Groups



Deprivation



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Findings from NHS Health Checks

	Redcar & Cleveland	Middlesbrough
Classed as inactive	21	22.8
Arrhythmic pulse	0.6	0.42
High Cholesterol ratio	23	22.4
High Blood pressure	11.5	11.9
HbA1c 47+	1.7	2.64
HbA1c 42-47	11.3	12
Alcohol intervention accepted	0.16	0.28
Alcohol AUDIT 8+	4.95	4.6
Smoking intervention accepted	4	3.94
Smoker	11.67	12.8
BMI 30+ intervention accepted	4.18	3
BMI 30+	28.95	30.6
BMI 25-29	32	30.3

0 5 10 15 20 25 30 35

%

Redcar & Cleveland Middlesbrough

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Specialist Physical Activity

PUBLIC HEALTH SOUTH TEES

Specialist Physical Activity (SPA) Team

- **3 STAGE REFERRAL PROCESS:**
- **ACTIVE** – anyone identified as 'At risk' of health issues and would benefit from increased physical activity as a preventative measure.
- **FUNCTIONAL** – Exercise on Referral & Post-surgery to reduce the impact of underlying health issues.
- **MAINTENANCE** – Long term condition management i.e. Neuro sessions and Stroke Rehab

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Specialist Physical Activity

PUBLIC HEALTH SOUTH TEES

Sessions Delivered by SPA Team

General Exercise Referral Sessions (Mixed Conditions)

- Gym Based Sessions
- Tai Chi for Health & Rehabilitation
- Aquarobics
- Chair Based Exercise

Condition Specific

- Multiple Sclerosis
- Waiting Well
- Stroke Improvement
- Parkinson's
- Mental Health and Wellbeing
- Lung Health

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Heating on Prescription Pilot

PUBLIC HEALTH SOUTH TEES

- Northern Gas Alliance bid
- The project target 15 Deep End Practices across 14 Middlesbrough
- Target cohort – Patients with COPD, estimates 1,322 will be identified by GP registers, or by STFT and proactively contacted and offered support
- Contact via GP letter/text/email & follow up call from practice to support engagement and increase uptake
- Individual contacted by MEC to undertake assessment of heating infrastructure, access to required equipment, vouchers to contribute towards heating home during winter, referred to LA warm homes scheme for broader assessment/housing standards scheme and MECC

- Expected Outcomes:
- Reduced COPD exacerbation's
- Reduced pressure on NHS services (GP appointments/hospital admissions)
- Improved quality of life
- Improved access to benefits
- Warmer home during winter
- Increase in home energy efficiency
- Registered with priority service register
- Increase in advice, guidance and support - citizens advice, carers together, support income maximisation
- MECC

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PUBLIC HEALTH SOUTH TEES

For more information

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