Middlesbrough
moving forward

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.

NOTED

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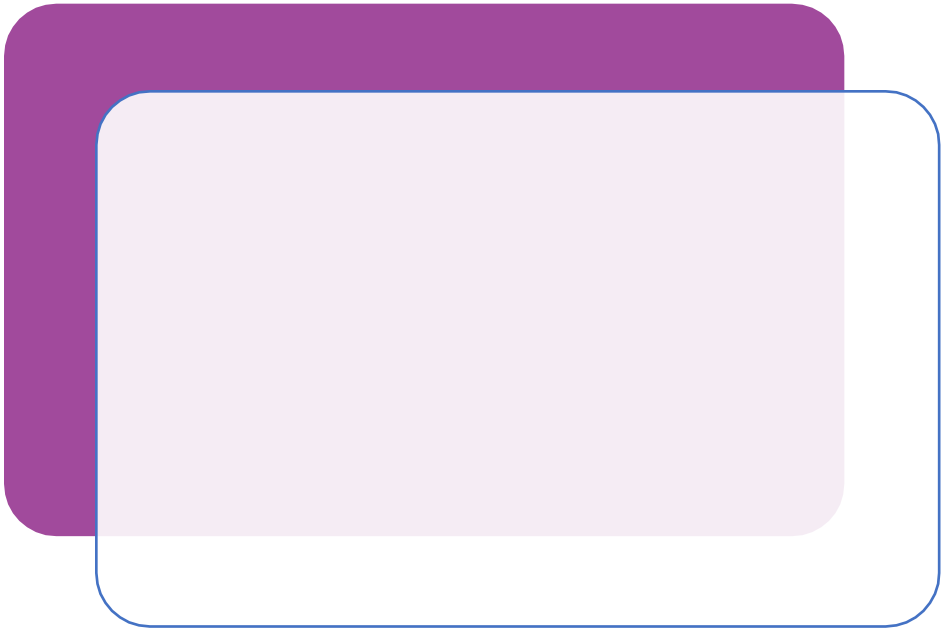
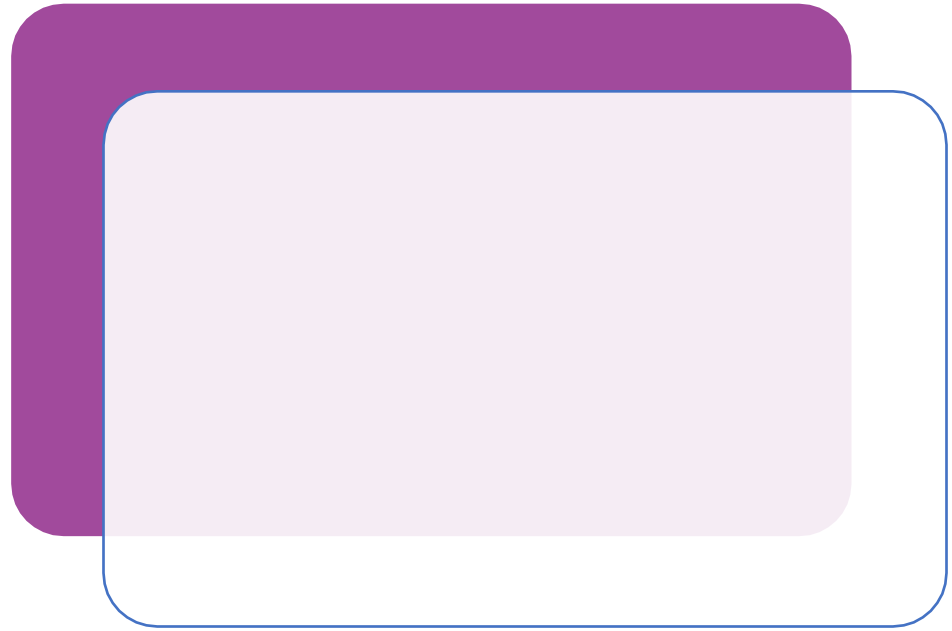
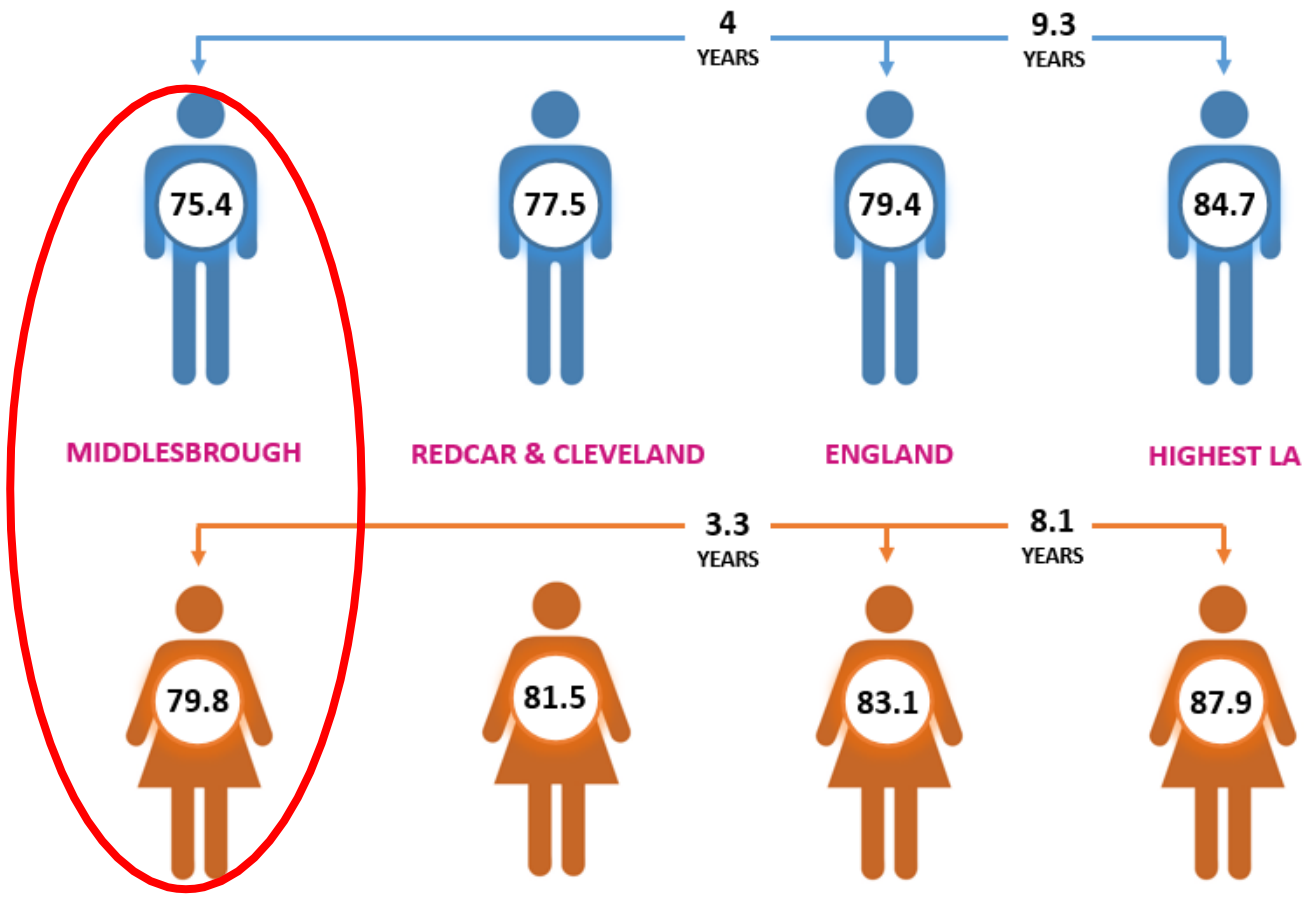
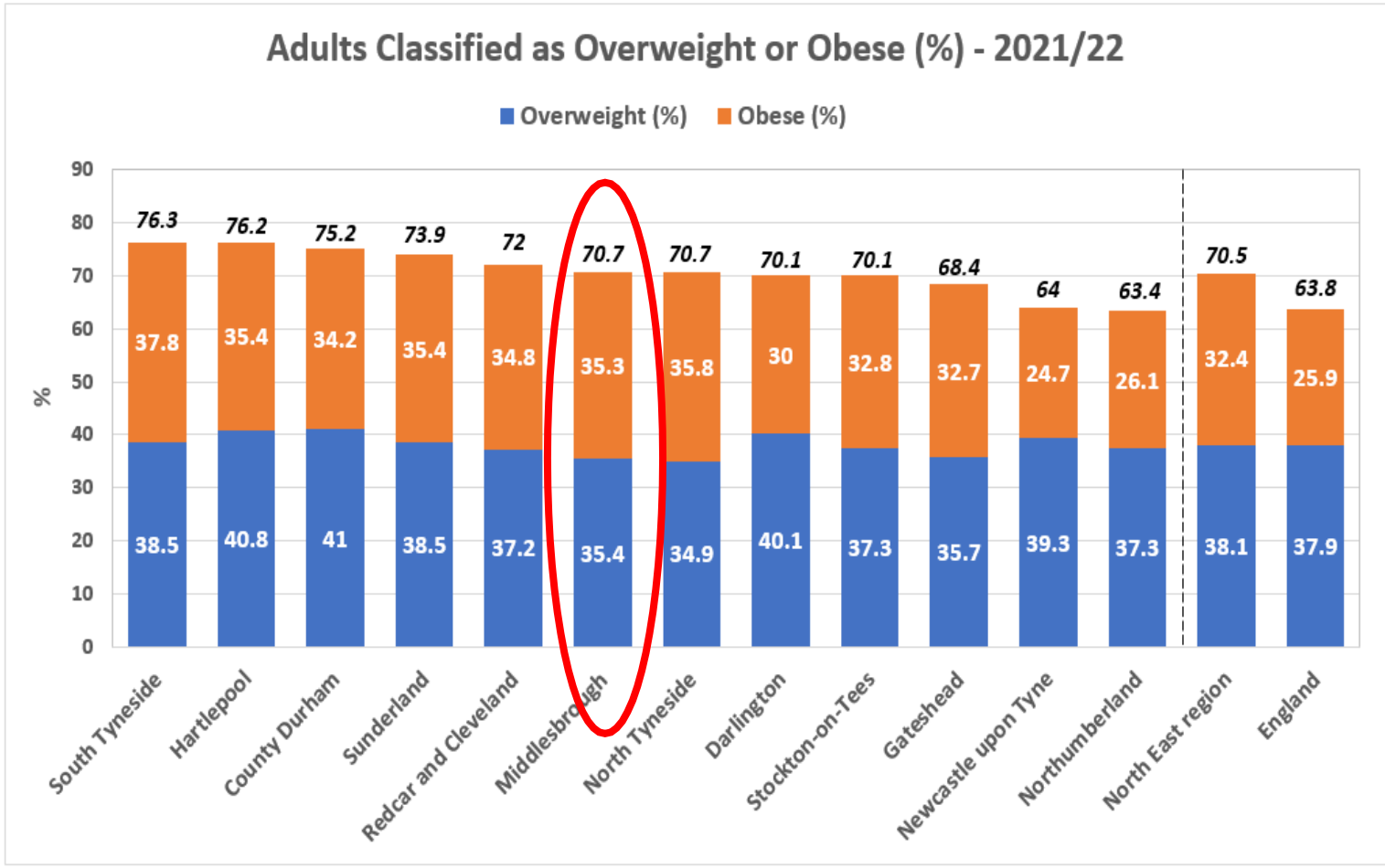
Item	2024/25 £m	2025/26 £m	2026/27 £m	Cumulative £m
Revised gap before new budget savings proposals	**18.098**	**6.552**	**2.272**	**26.922**
New savings proposals	(14.038)	(5.083)	(1.967)	(21.088)
Revised gap after new savings proposals	**4.060**	**1.469**	**0.305**	**5.834**
New growth to support transformation	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**






4
YEARS
9.3
YEARS
75.4
77.5
79.4
84.7
MIDDLESBROUGH
REDCAR & CLEVELAND
ENGLAND
HIGHEST LA
3.3
YEARS
8.1
YEARS
79.8
81.5
83.1
87.9

	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


Adults Classified as Overweight or Obese (%) - 2021/22
Overweight (%)
Obese (%)
%
90
80
70
60
50
40
30
20
10
0
76.3
76.2
75.2
73.9
72
70.7
70.7
70.1
70.1
68.4
64
63.4
70.5
63.8
37.8
35.4
34.2
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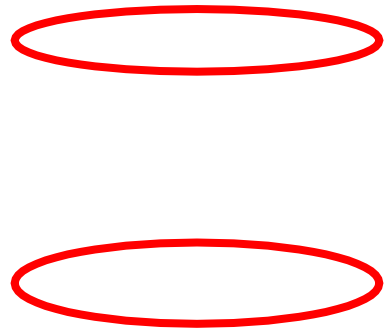
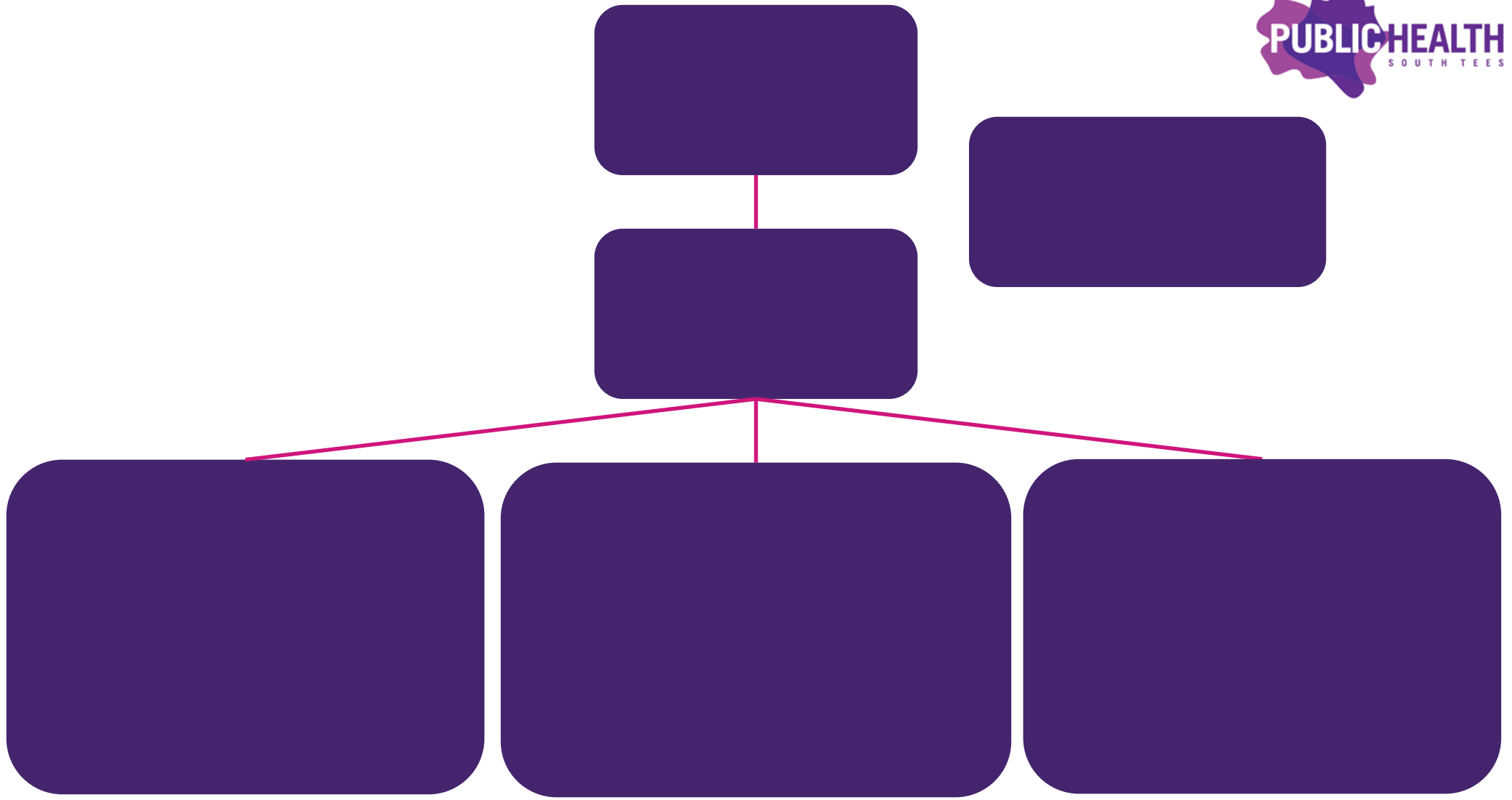
38.5
37.2
35.4
34.9
40.1
37.3
35.7
39.3
37.3
38.1
37.9
South Tyneside
Hartlepool
County Durham
Sunderland
Redcar and Cleveland
Middlesbrough
North Tyneside
Darlington
Stockton-on-Tees
Gateshead
Newcastle upon Tyne
Northumberland
North East region
England






My Reward Chart