

HEALTH SCRUTINY PANEL

<p>Date: Monday 19th February, 2024 Time: 4.30 pm Venue: Mandela Room, Town Hall, Middlesbrough</p>
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AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - Health Scrutiny Panel - 16 January 2024 3 - 8
4. Opioid Dependency - What Happens Next? - An Update 9 - 18

In 2021, the Executive had considered the Health Scrutiny Panel's final report on Opioid Dependency - What Happens Next? and approved the action plan responding to the Scrutiny Panel's recommendations.

The Head of Health Inclusion for Public Health South Tees will be in attendance to provide an update on the progress made with implementing the recommendations and an update on the current in-house Substance Misuse Clinical Prescribing Service, including:

- an overview of how the service was planned, developed and implemented safely, in conjunction with relevant partners and stakeholders;
- information on service demand (both previously at Foundations and for the in-house service); and
- an outline of opportunities, benefits and challenges associated with service delivery.

5. Avoidable Deaths and Preventable Mortality - Terms of Reference 19 - 20

The Scrutiny Panel will be asked to consider, discuss and agree the Terms of Reference for the review.

6. Overview and Scrutiny Board - An Update

The Chair will present a verbal update on the matters that were

considered at the meetings of the Overview and Scrutiny Board held on 18 January and 7 February 2024.

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
Friday 9 February 2024

MEMBERSHIP

Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, D Coupe, D Jackson, 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 Tuesday 16 January 2024.

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

PRESENT BY INVITATION: Mayor C Cooke

OFFICERS: M Adams, G Moore and M Stamp

APOLOGIES FOR ABSENCE: Councillors D Jackson and D Jones

23/29 **DECLARATIONS OF INTEREST**

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

23/30 **MINUTES - HEALTH SCRUTINY PANEL - 11 DECEMBER 2023**

The minutes of the Health Scrutiny Panel meeting held on 11 December 2023 were submitted and approved as a correct record.

23/31 **COUNCIL BUDGET 2024/25 AND MTFP REFRESH**

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

The Director of Public Health explained that, in terms of the Council's overall budget:

- Feasible savings had been identified, however, there was a remaining budget gap of £6.279m in relation to 2024/25.
- A Local Government Finance Settlement had been announced on 18 December 2023 and an analysis of impact would be completed in January 2024.
- The Council's initial assessment was that the settlement was in line with officer expectations and did not close the 2024/25 budget gap.
- If the combined effect of the Local Government Finance Settlement and any further identified and assured budget proposals were insufficient to close the remaining budget gap for 2024/25, then it would not be possible for the Council to achieve a legally balanced budget for 2024/25.
- Chartered Institute of Public Finance and Accountancy (CIPFA) guidance to Section 151 Officers, who were considering issuing a Section 114 Notice, was to engage with Department of Levelling Up, Housing and Communities (DLUHC) and make an application for Exceptional Financial Support (EFS) in order to agree a financial recovery plan that would avoid the requirement for a Section 114 Notice.
- EFS would provide a temporary funding solution that planned to buy time for the Council to achieve financial sustainability and avoid a Section 114 Notice.
- Prior to issuing a Section 114 Notice, the Section 151 Officer and Chief Executive (with the support of the Mayor and the Executive) would make an application for EFS.
- A response from DLUHC in respect of the application, would be received prior to the Council meeting on 28 February 2024.

In terms of Public Health's budget, it was explained that:

- To provide assurance, there had been a need to:
 - ensure public health grant spend was compliant with the public health grant conditions;
 - establish clarity of priority public health outcomes through the development of the Public Health Strategy; and
 - develop whole Council action, through clear Service Level Agreements and public health grant allocation.

- Without robust arrangements in place, there would have been a significant risk to non-compliant use of the public health grant. Failure to comply with the grant conditions or provision of the requisite level of assurance to the Secretary of State could have resulted in the grant payments being reduced, suspended, or withheld. Repayment of whole or part of the grant monies paid may also have been required, which would have had a significant impact on the overall financial position and reputation of the Council.
- On 20 December 2023, the Executive had approved the Public Health Strategy and the approach for the allocation of the public health grant to the wider Council to ensure spend was in line with the grant conditions.
- Work had been undertaken across three phases:
 - Phase 1 involved establishing the scale of risk regarding the current allocation of £4.858m.
 - Phase 2 involved the development of the Public Health Strategy. The strategy:
 - detailed the key programmes for Public Health over the next three years, clarifying the public health outcomes that would be delivered directly by Public Health and through whole Council action; and
 - outlined the principles and processes for the allocation of the public health grant and how each directorate would support the achievement of the public health outcomes.
 - Phase 3 involved the development of Service Level Agreements and governance arrangements for each of the Council's directorates to provide assurance spend was in line with grant conditions and public health outcomes.

It was advised that approximately 40% of the public health grant was allocated to other directorates in the Council, such as Adult Social Care and Children's Services. In respect of the high level of grant monies being allocated to areas other than the Public Health, the Local Authority was a clear outlier in the North East and the North East was a clear outlier nationally. It was advised that for Children's Services, the public health grant provided 60% of the funding to deliver Early Help, which equated to approximately £1.2m.

Members heard that Public Health had a current gross spend budget of £18.309m, with a forecast outturn of £17.913m. Therefore, there was a favourable variance of £0.396m, which had been allocated to Public Health Reserves. It was advised that the key driver of the favourable variance was staff savings arising from delayed recruitment to vacant posts.

A Member raised a query in respect of the underspend and prescribing costs. In response, the Director of Public Health explained that due to Covid-19 an increase in the cost of a particular medicine prescribed had been predicted and accounted for, however, the anticipated increase did not occur, which had ultimately resulted in an underspend for substance misuse services.

A Member raised a query in respect of the Service Level Agreements (SLAs). In response, the Director of Public Health explained that governance arrangements, including Council directorate SLAs, planned to monitor and provide assurance that the grant allocations deliver public health outcomes. Members heard that it was hoped that any issues regarding compliance would be resolved internally. It was highlighted that, as part of the public health grant allocation, a key element would be the development and implementation of Health Inequality Impact Assessments as part of wider Council decision-making processes.

A Member raised a query on the use of public health reserves. In response, the Director explained that with any underspend, local authorities were able to carry those forward as part of a public health reserve into the next financial year. It was commented however, when utilising those funds in future years, the Local Authority was still required to comply with all grant conditions. For instance, Members heard that reserves had recently been utilised to extend the delivery of HeadStart until the end of August 2025.

A Member raised a query regarding the risks associated with non-compliance. In response, the Director of Public Health highlighted that the Council's robust governance arrangements planned to significantly reduce risks associated with non-compliant use of the public health grant and provide assurance that spend was in line with grant conditions and public health outcomes.

A Member raised a query regarding the reasons for the recent changes to the governance arrangements. In response, the Director of Public Health advised that, following the issuing of the Best Value Notice (January 2023), there had been a need to provide assurance of improvement given the significant risks associated with the public health grant allocation and meeting conditions of the grant.

A Member raised a query on the public health allocation to each directorate. In response, the Director of Public Health advised that an assessment needed to be undertaken to determine which areas were eligible for funding and would comply with the grant conditions. There was also a need to assess the amount of funding that could reasonably be awarded to those areas.

The Mayor commented that, in addition to the introduction of robust governance arrangements for the public health grant, work was also being undertaken in respect of the use of the Holiday Activities Fund (HAF) to ensure longevity and standardisation across provision. It was highlighted that there was a need for all providers to offer standard healthy food choices, treat all children in exactly the same way and support improved public health outcomes.

A discussion ensued regarding the opportunities and benefits associated with the holiday activities and food programme. A Member highlighted the importance of increasing awareness of the support available to families to increase knowledge of healthy food options, food preparation and cooking.

The Director of Place Based Delivery for North East and North Cumbria Integrated Care Board (ICB) had submitted a comment, prior to the meeting, requesting that the scrutiny panel considered the impact of the Council's Medium Term Financial Plan (MTFP) on partner agencies. It had been requested that the scrutiny panel ensured that the plan focused on efficiencies and improvements for the system and did not simply cost shift between partners or agencies, something that all stakeholders were conscious of the need to avoid. In response, the Mayor acknowledged that all organisations were facing budgetary challenges and the importance of identifying/clarifying the responsibilities, remits and expectations of each organisation was highlighted.

AGREED

That the information presented to the scrutiny panel be noted.

23/32

AVOIDABLE DEATHS AND PREVENTABLE MORTALITY - AN INTRODUCTION

The Consultant in Public Health was in attendance to provide a general overview/introduction of the topic of Avoidable Deaths and Preventable Mortality, 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 those compared regionally and nationally.

The information below was outlined to the scrutiny panel:

- Life expectancy at birth, for the area of South Tees, was significantly lower than the England average. Members heard that life expectancy for Middlesbrough males was 75.4, which was 4 years below the England value of 79.4 and 9.3 years below the highest local authority area in England. It was commented that gap between South Tees and the England average was continuing to widen.
- In terms of male life expectancy at birth, there was significant inequalities across the wards in South Tees. Members heard that there was a 14.9 year gap between the lowest life expectancy ward of Central (located in Middlesbrough) at 69.4 years to the highest life expectancy ward of Hutton (located in Redcar & Cleveland) at 84.3 years.
- In Middlesbrough in 2022 the smoking prevalence rate was 16.5%, which was higher than the England rate of 12.7%. In England, there had been a steady decline in smoking prevalence in the adult population, with a reduction from 19.8% in 2011 to 12.7% in 2022. It was explained that in Middlesbrough, although the rates did tend to

fluctuate at times, they had reduced.

- Middlesbrough's rates of alcohol-related mortality, alcohol-specific mortality and admission to hospital for both alcohol-specific conditions and alcohol-related conditions were significantly higher than the England average. It was also highlighted that, in Middlesbrough, the number of premises licensed to sell alcohol per square kilometre was also significantly higher than the national average.
- All local authorities located in the North East region, apart from Northumberland, had a higher rate of those classified as overweight or obese compared to the England average. Middlesbrough's rate was 70.7%, which was similar to the North East rate.
- In terms of premature mortality during 2019-2021, for all ages, Cancer was the most common cause of death, accounting for 25.6% in Middlesbrough, followed by Dementia and Alzheimer disease and then heart disease. For those under 75, Cancer was yet again the most common cause of death and was even higher at 32%, followed by heart disease and respiratory diseases. Locally, there were higher rates of chronic lower respiratory diseases, accidents and accidental poisoning, when compared to the England average.
- In terms of cancer screening uptake, there was a clear correlation between the most deprived GP practices and low cancer screening uptake rates with regards to breast, bowel and cervical screening.
- In terms of causes of death, the scrutiny panel was shown a table that identified all those conditions that were considered treatable/preventable.

A mission of the Joint Strategic Needs Assessment (JSNA) was to support people and communities to build better health, for example by recommissioning high-quality joined-up diagnostic/screening services (i.e., NHS Health checks, cancer screening) to meet the needs of service users; improve access, experiences and outcomes; and reduce inequalities. The need to reduce the prevalence of the leading risk factors for ill-health and premature mortality was also highlighted. The Live Well South Tees Board was scheduled to receive an update on the key recommendations, across the 21 goals, at its meeting in January 2024.

It was advised that an Ill Health Prevention Partnership had recently been established to provide a link between the Live Well South Tees Board and partner organisations. The partnership focussed on the delivery of ill health prevention and considered primary prevention (preventing diseases before they developed), secondary prevention (early detection of people at risk) and tertiary prevention (managing established disease). The aim of the partnership was to act jointly and put plans in place to address some of the main ill health prevention challenges experienced locally and improve population health. For example, the partnership aimed to increase uptake of screening programmes to ensure early presentation, diagnosis, and timely access to treatment. In addition, there was a priority to 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.

Making Every Contact Count (MECC) was an approach to behaviour change that used the day-to-day interactions that health and social care staff had with people to support them in making positive changes to their physical and mental health and wellbeing. MECC focused on the lifestyle issues that could make the greatest improvement to someone's health. For children, the approach used Beano characters to encourage them to be healthy and active. It was advised that MECC had been rolled-out across the whole South Tees health and social care system.

Public Health provided an in-house Stop Smoking Service, which involved the delivery of a 12-week programme of behaviour change support and a full range of Nicotine Replacement Therapy (incl. free vapes - swap to stop). The service offered flexible appointments at a range of venues, including home visits for house bound/care home residents. From January 2023 to December 2023, the service had received 2021 referrals, with majority of those accessing the service being working-age adults. It was highlighted that 63% of Middlesbrough residents had successfully quit, which was higher than the England average of 54%. The most deprived wards across South Tees had the highest rates of people accessing the service. Public Health South Tees had also been involved in a pilot for a Stop Smoking Service for those suffering from severe mental illness, to enable the delivery of enhanced support and improve public health outcomes for that cohort.

In terms of cancer prevention, data was collected to identify and determine the demographic

profile of those not accessing cancer screening services, meaning that messages could be targeted specifically for those people.

Targeted NHS Health Checks were undertaken, which was a mandated function of Public Health and there was a requirement to submit data on a quarterly basis to the Secretary of State. The NHS Health Checks had been designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and Dementia. It was commented that there was a shared commissioning approach across South Tees, with GPs undertaking the health checks and the North of England Commissioning Support Unit (NECS) providing data management support. The contract for those services had been extended for a further year to enable a full review of uptake rates to be undertaken and to explore ways of engaging the hardest-to-reach groups, increasing uptake rates and the provision of health checks in a range of community settings. It was explained that a tier payment system for GPs had been introduced recently to encourage reduction in health inequalities (deciles 1-3 paid more than deciles 4-7 and 8-10). Members heard that local areas were required to invite 20% of the eligible population each year. In 2022/23, 18.3% of Middlesbrough's population had been invited, which was similar to the England average of 18.4%. In terms of demographics, more women than men were being assessed, as were more white British than other ethnicities.

Although findings from NHS Health Checks had concluded that a number of residents were suffering from particular health problems or conditions, the number of residents accessing support and interventions to manage those conditions was low. For instance, at the point of referral, out of 1314 people with BMI over 25, and 96 with a BMI over 40, only 20 people accepted a referral to local services. Members heard that referrals could be made to the Specialist Physical Activity (SPA) Team, which supported people with health conditions, people recovering from illness and older adults to become more active by providing a range of activities.

The scrutiny panel heard that a collaborative bid had been submitted by the Local Authority, North East and North Cumbria Integrated Care Board (ICB), South Tees NHS Foundation Trust, Middlesbrough Environment City and a number of GP leads. As a result of the submission, £558k for over two years had been successfully secured, to deliver a heating on prescription pilot. The pilot aimed to target the GP practices in the most socioeconomically deprived areas. 14 of the 15 practices selected were located in Middlesbrough and the target cohort would be those patients with Chronic Obstructive Pulmonary Disease (COPD). It was estimated that there were approximately 1,322 GP patients with COPD and work had been undertaken to proactively contact those patients to offer support. Contact was being made via GP letter/text/email and then a follow-up call from the practice to support engagement and increase uptake. Members heard that those patients would then be contacted by Middlesbrough Environment City to undertake assessment of the heating infrastructure, access to required equipment and vouchers to contribute towards heating the home during winter. It was explained that patients could access up to £300 of funding to help pay their energy bills. The expected outcomes of the pilot included reduced COPD exacerbations, reduced pressure on NHS services (GP appointments/hospital admissions) and improved quality of life.

A Member raised a query regarding the low uptake of breast screening and whether residents being required to access services at North Tees and Hartlepool NHS Foundation Trust had impacted on rates. In response, the Director of Public Health advised that the ICB would be best placed to answer the query. It was explained, however, that access rates were reflective of Middlesbrough's social profile and there was a clear correlation between the most deprived GP practices and low cancer screening uptake rates. It was highlighted that there was a need to examine and investigate the reasons for the low uptake. The Consultant in Public Health commented that the ICB would be approached to provide further insight on the issue.

A Member sought clarification regarding accidental poisoning. In response, the Director of Public Health advised that the deaths associated with accidental poisoning would primarily be caused by drug-related overdoses.

A Member raised a query regarding overweight and obesity rates. The Consultant in Public Health advised that for Middlesbrough, there was currently a gap in provision as there was no Tier 2 weight management services or programmes to refer into. The Director of Public Health advised that being overweight in childhood was strongly associated with a higher risk of obesity in later life. The Mayor commented that obesity reduced life expectancy.

A Member expressed concern regarding the high number of premises licensed to sell alcohol. In response, the Mayor advised that a report on the Council's Licensing Policy was due to be considered by the Executive in February 2024. It was advised that, through adoption of that policy, it was envisaged that the approval of future alcohol licenses for businesses in Middlesbrough could be limited. A Member commented that preventing an increase the volume of licensed premises in the area would be extremely beneficial. In addition, a Member also commented that there was a need to restrict planning approvals for hot food take aways.

A Member raised a query regarding barriers encountered when attempting to access services. In response, the Director of Public Health advised that eligibility for screening and checks was targeted at those cohorts most at risk. It was commented that work was being undertaken to improve uptake and address barriers to access.

A Member commented that, in the past, smoking cessation clinics were delivered in Middlesbrough's communities, which had been valuable. The Mayor explained that additional funding had recently been secured and that would enable the delivery of improved/enhanced stop smoking services.

A Member raised a query regarding the granting of alcohol licences. In response, the Mayor explained that the purpose of the cumulative impact assessment (CIA) planned to help the Local Authority to limit the licences that it granted in areas where there was evidence to show that the number or density of licensed premises may be contributing to the town's problems. It was commented that Central, Newport, Longlands and Beechwood were three priority areas in that respect. It was anticipated that the CIA would provide an evidence-base for informed decision-making when determining future applications.

A discussion ensued and Members expressed concern in respect of young people using vapes and the health risks associated with use. The Mayor commented that work had been undertaken with Middlesbrough College, to target young people and support students to stop smoking.

A Member raised a query regarding life-expectancy and the reasons for significant inequalities across the wards in Middlesbrough. The Director of Public Health linked the widening gap between the life-expectancy of those from deprived areas and the life-expectancy of those from more affluent areas to Government policies that had been in place since 2010.

A discussion ensued regarding Middlesbrough's life-limiting factors and the Mayor highlighted the importance of residents being able to access mental health services. The Director of Public Health commented that mental health issues were one of the main causes of long-term sickness absence. Concerns were expressed regarding Middlesbrough's high rates of suicides and drug-related deaths. The Mayor commented that Middlesbrough would benefit from a community-based offer of mental health support. The Director of Public Health commented that although NHS England was ultimately responsible for the commissioning of mental health services, Public Health was able to influence those commissioning decisions.

AGREED

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

23/33

OVERVIEW AND SCRUTINY BOARD - AN UPDATE

The Chair explained that at the meeting of the Overview and Scrutiny Board, which was held on 20 December 2023, the Board had considered:

- Executive Forward Work Programme;
- Council Plan 2024 Onwards;
- 2024/2025 Budget and MTFP Refresh;
- Final Report of the Health Scrutiny Panel - Dental Health and the Impact of Covid-19; and
- Updates from the Scrutiny Chairs.

NOTED

**HEALTH SCRUTINY PANEL
OPIOID DEPENDENCY - WHAT HAPPENS NEXT? ACTION PLAN**

19 FEBRUARY 2024

SCRUTINY RECOMMENDATION	PROPOSED ACTION	UPDATE
<p>a) That the public health approach to drug dependence be continued and the benefits of introducing safe spaces in Middlesbrough for people to consume substances (drug consumption rooms) be further explored. Drug consumption rooms have been successfully used elsewhere in the world (including in Europe and in Canada) for approximately 16 years and no one has ever died of a drug overdose in any of these facilities. Middlesbrough could in the future be a pilot for the adoption of such an approach in the UK.</p>	<p>Proposed recommendation to explore a pilot of drug consumption rooms cannot be accepted currently because there is no legal basis for this. If this changes then the Council would consider the potential for such a space in Middlesbrough.</p> <p>To assist this we will utilise our links with PHE colleagues and opportunities presented by project ADDER to ensure conversations continue to take place and explore future potential for Middlesbrough pilot within lifetime of project ADDER</p>	<p>No appetite from Home Office to enable a pilot to be delivered. The legislation remains unchanged, so we are unable to legally operate a DCR.</p> <p>Scotland are operating a consumption room pilot, due to different arrangements north of the border, so we will monitor the outcomes of this.</p> <p>We have developed a multi-agency, harm minimisation outreach approach with people with lived experience (PWLE) staff at its core. This has achieved many positive results and impacted some of our most vulnerable people/works into priority settings.</p>
<p>b) That the local authority writes to the government to request that it reconsiders national policy in respect of drug consumption rooms (DCRs). Given that DCRs are a provable harm reduction tool that reduces the risk of overdose, improves people health and lessens the damage and costs to society.</p>	<p>Not applicable. Scrutiny would be required to progress this via a motion at Full Council with support from officers on wording as required.</p>	<p>N/A (from PH service area).</p>
<p>c) That a new capital funding bid for a 16- 18 bedded detox and drug rehabilitation facility at Letitia House</p>	<p>This action is no longer possible. NewWalk CIC have purchased Letitia house from the council.</p>	<p>Public Health South Tees (PHST) has led on the formation of a NE sub-regional 'LA9' consortium to pool our inpatient detoxification (IPD) funding</p>

<p>be submitted. Public health benefits and financial savings could be achieved when compared to the current costs of funding individual 7-10 day detox programmes out of area.</p>	<p>Alternative detox provision is being explored regionally and dedicated funding secured from PHE to enhance detox capacity in 2021/22. Regional pilot to be carried out in 21/22 to inform future approach.</p>	<p>from OHID. We have worked with Home Group to secure the opportunity to utilise a 14-bed new build property in Brotton as an IPD unit and been out to tender. Unfortunately this did not provide a suitable bid but we are exploring other options to secure a provider.</p> <p>We have been utilising a bed at North Tees Hospital for low risk alcohol IPD episodes, as a Tees LAs partnership. This has not met the needs or demands of South Tees residents and will not be continued beyond 31/3/24.</p> <p>In addition to IPD, we are also developing additional, local residential rehabilitation services. There are strong ambitions to ensure that suitable accommodation is available to our vulnerability cohorts at every step of their journey - from active use of substances through to long-term, independent homes in recovery.</p> <p>Finally, we are supporting a CIC (and our secondary rehab provider) to gain Registered Social Landlord status. This is a target within our PHST strategic plan, as it is the most significant barrier to making and sustaining positive behavioural changes but our population cohorts are among the least likely to secure decent accommodation.</p>
<p>d) That funding for the Heroin Assisted Treatment (HAT) programme be prioritised by partners in South Tees and the current level of investment continued for the foreseeable future.</p>	<p>Probation contribution secured on on-going basis</p> <p>Utilise Project ADDER funding to secure remaining costs (funding</p>	<p>When the HAT project ceased operating in 2022, an update was provided to the Health Scrutiny Panel (October 22). Ultimately, when the funding partners pulled out, PHST did not</p>

	<p>proposal has been submitted to cover from October 21- March 23)</p> <p>PCC contribution to be confirmed post May election</p>	<p>have the means to continue to fund the pilot in its entirety.</p> <p>Ultimately it was difficult to both attract and also maintain the engagement of the people who would derive the greatest benefits from HAT. Consequently the pilot did not deliver the outcomes and system savings at the desired scale.</p> <p>PHST has continued to explore alternative treatment options, including long-lasting opiate substitute depot injections (BUVIDAL) and monitoring other innovative interventions elsewhere, such as Psychedelic-Assisted Therapy.</p>
e) That the local authority writes to the relevant Minister highlighting the success of the Heroin Assisted Treatment Programme (HAT) in Middlesbrough and how it is a demonstrably effective way of treating drug addiction	Build in discussion to ADDER national board discussions at initial pilot end and follow up with formal letter from the Director of Public Health	We have fully debriefed Home Office and OHID colleagues about the pilot. They agree with our local assessment of the scheme.
f) That the high quality drug treatment facilities available in Middlesbrough are recognised and that the town develops as a Recovery Orientated System of Care (ROSC) further.	<p>This will be highlighted through project ADDER.</p> <p>Enhance recovery ambassadors and peer led programmes in our vulnerable persons' model and develop our own cohort of ambassadors/peer mentors</p>	<p>Middlesbrough has the first integrated clinical and care co-ordination team delivered by a council in the country. When Foundations served notice in mid-2023, PHST successfully brought the clinical service in-house within a challenging three-month period. We continue to develop the service offer and enhance it with a range of external grant funds.</p> <p>We continue to directly commission our local Lived Experience Recovery Organisation</p>

		<p>(LERO): Recovery Connections (RC) who have a workforce with >90% people in recovery. They provide our community recovery service and primary residential rehabilitation, as well as a host of other activities.</p> <p>We are utilising built-in extension opportunities to continue the RC contract for at least another two years from April 2025. They are widely regarded as one of the finest examples of a LERO in the world. Some of our achievements include:</p> <ul style="list-style-type: none"> • Ensuring that Middlesbrough became the world's first official Inclusive Recovery City; • Developing the Building Recovery in Middlesbrough (BRIM) programme, which has helped to deliver a dedicated recovery hub and 'jobs, friends and houses' for people in recovery; • Having the first recovery campus outside the USA at Teesside University. <p>We are developing a strategy to increase PWLE in our local treatment and recovery system – via paid roles, recovery ambassadors, peer mentors and volunteers. We have also invested significantly into peer-led recovery approaches through the external grants that we have secured. PHST continues to support RC in terms of other funding opportunities and delivery</p>
<p>g) That in an effort to reduce the stigma associated with drug dependency a proactive approach is undertaken to promote the town's vibrant recovery</p>	<p>Recommencement of work (paused due to COVID) to secure recovery city status for Middlesbrough</p>	<p>As per section F, Middlesbrough has achieved Inclusive Recovery City status and the work of RC, in building individual, community and social recovery capital, is widely recognised.</p>

<p>community. Middlesbrough is a town where recovery from drug dependency is possible, recognised and celebrated. The town has outstanding substance misuse treatment services and innovative harm reduction initiatives in place. Work needs to be undertaken to ensure Middlesbrough is recognised locally and nationally as a Recovery Town/City.</p>	<p>See also linked actions in f</p>	<p>Promoting abstinence and recovery through their staff, ambassadors, peers and volunteers helps to challenge the stigma associated with addictions, drugs and alcohol use.</p> <p>This has been recognised via OHID asking PHST to host and co-develop the first national challenging stigma pilot. This aims to blend academic research into the impact of anti-stigma initiatives along with PWLE delivering local approaches that will be evaluated.</p>
<p>h) That in respect of the areas for improvement put forward by Tees, Esk and Wear Valley NHS Foundation Trust it is ensured that a number of measures are implemented including:</p> <ul style="list-style-type: none"> • That quick and reliable access to specialist Substance Misuse support is made available to the Community Crisis Team, Crisis Assessment Suite and Inpatient wards • That Substance Misuse workers, Social Workers and other colleagues are included in the single point of access in Mental Health for joint triage/joint initial assessment • That Substance Misuse workers attend joint meetings, as arranged by TEWV, including formulation and pre-discharge • That Substance Misuse Services contribute to TEWV's co-produced 	<p>Following the successful NHSE Crisis Bids in 2021-2024 the below will be developed:</p> <p>TEWV has already budgeted to fund a Substance misuse team 3 x substance misuse workers to work across the Crisis assessment & triage team and home intensive teams which will be in place by October 2022. TEWV to recruit the substance misuse workers who will be part of the teams and involved in the referrals and joint assessments, meetings and huddles. For TEWV inpatient formulation/discharge planning meetings we need to ensure that we continue to send invites to (and have representation from) substance misuse. We need to reinvigorate this and will use the Dual Diagnosis network as a forum to take this</p>	<p>PHST has funded the 3 x dual diagnosis-style posts within TEWV and they work into our treatment and recovery systems across South Tees. They have increased the knowledge and expertise of our workforces with regard to mental health and vice versa with substance misuse and their TEWV colleagues.</p> <p>The team has been instrumental in preventing people with co-existing mental health and substance use support needs falling between the cracks of both service models.</p> <p>Our PHST-TEWV collaborative substance use and mental health workstream continues and has delivered a range of outcomes, the latest of which is that TEWV staff will be providing take home naloxone kits. This will see them being amongst the first mental health trusts in the country to do so.</p>

<p>Crisis management plans / Wellness Recovery Action Plans (WRAP)</p> <ul style="list-style-type: none"> • That a programme of joint clinics (Mental Health/Substance Misuse) to meet the needs of dual diagnosis patients be established • That the role of peer support workers across all organisations be increased • That prescribers in Substance Misuse services work with TEWV prescribers to ensure enhanced sharing of information • That cross fertilisation in terms of training for Substance Misuse and Mental Health workers be established 	<p>forward. To continue with monthly MDT huddles with staff from TEWV and substance misuse workers</p> <p>To Commence VSC contract for substance misuse</p> <p>To recruit a further 3x Peer support workers into the crisis team to work with substance misuse To have an identified prescriber in TEWV teams who liaise with their counterpart in locally commissioned Substance misuse team. The aim is to educate, share knowledge and skills within the team for Substance misuse and MH workers</p>	<p>We are also continuing to work with TEWV's Middlesbrough community MH team to develop joint working arrangements at Live Well East (LWE) in Berwick Hills. This and other planned collaboration activity may be dependent upon PHST securing the former library (attached to LWE) in order to have the necessary space to host and deliver the wide range of support services and associated staff.</p>
<p>i) That pathways for young people at risk of drug dependency be developed and a way for those already dependent to access timely treatment provided.</p>	<p>A dedicated task and finish group has been established</p> <p>All provisional work has been completed in preparation for the launch of the Young Peoples (YP) Substance Misuse Service, monitoring and review to take place</p>	<p>We have a dedicated YP substance use team as part of our in-house service. They have a range of staff and disciplines, including drugs, alcohol, outreach and criminal justice specialisms.</p> <p>They have also developed a wide range of pathways and collaborative working arrangements with a host of relevant partners.</p>
<p>j) That prescribing substitute treatment for those under 18 years be further explored and the preferred option piloted.</p>	<p>This applies to very small number of individuals and pathways are already in place to ensure this support is provided as needed. Suggest no further action is required</p>	<p>The in-house clinical service can meet the prescribing and clinical requirements of YP with identified needs.</p>

<p>k) That the Personal, Social, Health and Economic (PSHE) education delivered in Middlesbrough schools in respect of drugs and alcohol be reviewed by public health professionals to ensure our teachers and school leaders are equipped with the local knowledge they need to deliver an enhanced educational offer to our children and young people.</p>	<p>Good base line resources are in place and to be locally tailored</p> <p>Curriculum 4 Life CPD area to be available for school staff</p>	<p>PHST are building on the existing offer by developing the M-PACT whole family programme. This will provide a range of interventions, from advice and brief interventions to structured psychosocial, in a systematic approach. We are also providing nasal naloxone kits and training to all M'bro secondary schools and those facilities supporting YP not currently in education, along with M'bro children's homes.</p>
<p>l) That support for children experiencing parental opiate dependence be commissioned and the number of children being reached and supported reported.</p>	<p>Through action i) children will be identified and engaged.</p> <p>Numbers will be part of routine monitoring on the new vulnerable persons model system going live from April 2021</p>	<p>Actions I-K will also have a positive impact on this recommendation. In addition, we are about to publish a JSNA regarding the impact of parental substance misuse and will be acting on the recommendations contained within that in order to provide extra support and resilience in this regard.</p>
<p>m) That the best practice approaches adopted elsewhere in the UK in respect of opioid deprescribing for persistent non-cancer pain (for example, those put forward by Nottinghamshire Area Prescribing Committee) be taken up by Tees Valley CCG and promoted amongst Primary Care Networks (PCNs) in Middlesbrough.</p>	<p>Work is already underway to address and highlight the high levels of opioid prescribing in Middlesbrough GP practices. We have a pain management guideline available for prescribers https://medicines.necsu.nhs.uk/download/county-durham-tees-valley-primary-care-pain-management-guideline/ We also have a position statement on prescribing for persistent pain https://medicines.necsu.nhs.uk/download/cdtv-apc-position-statementprescribing-for-persistent-pain/ Middlesbrough GP practices have also signed up to receive bi-monthly CROP (Campaign to reduce</p>	<p>We will liaise with ICB colleagues and ensure that a detailed update on this item is provided at the Health Scrutiny Panel meeting on 19th February 2024.</p>

	opioid prescribing) reports – as part of an initiative co-ordinated by the Academic Health Science Network In addition JCUH have introduced an opioid prescribing policy to ensure short course of opioid medication prescribed for patients post-surgery, are not continued unnecessarily by GP practices	
n) That in 2021/22 GP lists in Middlesbrough be screened using the I-WOTCH inclusion and exclusion criteria to establish the number of patients who could benefit from education on opioids and managing chronic pain. Following identification an appropriate initiative be developed to target those patients. In order to ensure that prior to the outcome of the pharmacist led opioid and gabapentinoid reduction proposal early steps are taken to provide people with alternatives approaches to pain management.	Pharmacists employed by GP practices and PCNs across Middlesbrough took part in 2 opioid prescribing education sessions in December 2020. The 2 sessions were delivered by members of the IWOTCH team, which included Professor Sam Eldabe, consultant anaesthesiologist, from JCUH. Other presenters included Jane Shaw, Nurse pain specialist from JCUH, and Grace O’Kane, pain specialist pharmacist from JCUH. The pharmacist are now empowered to conduct their own opioid reduction clinics in practice, and prescribing of high dose opioid medication will be measured on an on-going basis over the next 6 months to assess further reductions in prescribing	We will liaise with ICB colleagues and ensure that a detailed update on this item is provided at the Health Scrutiny Panel meeting on 19 th February 2024.
o) That if the opioid and gabapentinoid reduction programme currently being piloted proves successful TVCCG invests sufficient resources to ensure the programme is scaled-up and the number of patients prescribed strong	The CCG has already released funding to enable one day per week of the pain specialist pharmacist from JCUH to work in primary care supporting the practice based pharmacists in Middlesbrough (and the wider CCG).	We will liaise with ICB colleagues and ensure that a detailed update on this item is provided at the Health Scrutiny Panel meeting on 19 th February 2024.

<p>opiates for chronic non-malignant (non-cancer) pain in Middlesbrough is reduced.</p>	<p>The role will hopefully develop in order for further education sessions to take place targeted at newly recruited practice pharmacists</p>	
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AVOIDABLE DEATHS AND PREVENTABLE MORTALITY

DRAFT TERMS OF REFERENCE

- a) To examine key data and information on Middlesbrough's:
 - leading causes of avoidable deaths (those that are either preventable or treatable); and
 - risk factors for ill health.

- b) To investigate the work undertaken by Public Health and the NHS to reduce the number of avoidable deaths, including:
 - public health primary, secondary and tertiary prevention interventions; and
 - healthcare interventions.

- c) To identify evidence-based best practice to tackle the local population's major risk factors driving preventable ill health and avoidable deaths.

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