

## HEALTH SCRUTINY PANEL

<p><b>Date:</b> Tuesday 19th March, 2024 <b>Time:</b> 4.30 pm <b>Venue:</b> Mandela Room, Town Hall, Middlesbrough</p>
--

### AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - Health Scrutiny Panel - 19 February 2024 3 - 6
4. Avoidable Deaths and Preventable Mortality - Further Evidence 7 - 32

Representatives from the NHS North of England Commissioning Support Unit (NECS) and the North East and North Cumbria Integrated Care Board (ICB) will be in attendance to provide:

- Key data and information held by the NHS/ICB on Middlesbrough's:
  - leading causes of avoidable deaths (those that are either preventable or treatable); and
  - risk factors for ill health.
- Information on the role of the NHS and ICB in helping people to make healthier lifestyle choices and treat avoidable illness early on.
- An overview of the work undertaken by the NHS/ICB to reduce the number of avoidable deaths, e.g. healthcare interventions.
- Information on evidence-based best practice that could further contribute towards tackling the local population's major risk factors driving preventable ill health and avoidable deaths.

5. 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 28 February and 6 March 2024.

6. 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 11 March 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](mailto:georgina_moore@middlesbrough.gov.uk)**

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Monday 19 February 2024.

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

**PRESENT BY INVITATION:** Mayor C Cooke

**ALSO IN ATTENDANCE:** A Monk (Medicines Optimisation Pharmacist) (North of England Commissioning Support (NECS))

**OFFICERS:** M Adams, J Bowden and G Moore

**APOLOGIES FOR ABSENCE:** Councillors D Coupe and J Walker

23/34 **DECLARATIONS OF INTEREST**

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

23/35 **MINUTES - HEALTH SCRUTINY PANEL - 16 JANUARY 2024**

The minutes of the Health Scrutiny Panel meeting held on 16 January 2024 were submitted and approved as a correct record.

23/36 **OPIOID DEPENDENCY - WHAT HAPPENS NEXT? - AN UPDATE**

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.

At the meeting, the Head of Health Inclusion for Public Health South Tees was 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.

Members heard that the Substance Misuse Clinical Prescribing Service had been brought 'in-house' in October 2023 and joined together with the Council's Care Coordination Team. It was explained, however, that Recovery Connections (as the lived experience recovery organisation) was still commissioned to offer residential rehabilitation and community recovery support. Recovery Connections was a local peer-led, substance use recovery charity based in Middlesbrough.

It was explained to the scrutiny panel that, previously, Foundations had delivered primary care on behalf of the North East and North Cumbria Integrated Care Board (ICB) and the specialist clinical element of the substance misuse service. In 2023, Foundations had served notice on its contract and it had ceased to operate on 30 September 2023. The primary care provided by Foundations had now been subsumed by other primary medical care services. Furthermore, the specialist prescribing that had been offered by Foundations was now delivered by the in-house Substance Misuse Clinical Prescribing Service.

Although there had been a requirement for the Local Authority and the ICB to work to extremely challenging timescales, a smooth transition for patients had been achieved and there had been no break in service provision.

In terms of the in-house Substance Misuse Clinical Prescribing Service, Members heard that the prescribing regime had been slightly changed and the supervised consumption rates had slightly increased, meaning they were now in line with the guidelines published by the National Institute for Health and Care Excellence (NICE).

In addition to the changes in provider, Live Well East in Berwick Hills was opened and now operated as the main alcohol and drugs recovery hub, providing a wide range of support that included prescribing, psychosocial interventions, counselling, and recovery support. Members heard that, although the service could no longer be provided in the building that had previously been occupied by Foundations on Acklam Road, a building close by, on Ayresome Green Lane (previously occupied by the Middlesbrough Alcohol Centre of Excellence (MACE)) was now operating as Live Well West. That meant those who had previously accessed support at Foundations could continue to access support in a location that was convenient for them. In addition, Live Well South had been opened in Hemlington. It was explained that the primary hub for alcohol and drugs recovery support was Live Well East. It was highlighted that over half of Middlesbrough's treatment population lived in East Middlesbrough, therefore, it had been of fundamental importance to ensure support could be accessed in that locality.

The client feedback received demonstrated that the new operating model had impacted on the availability of illicit methadone. Previously, the use of the drug had been extremely prevalent in the local area and it was now extremely difficult to access, which meant that an increased number of residents were seeking specialist prescribing support.

It was highlighted that the in-house Substance Misuse Clinical Prescribing Service was registered with the Care Quality Commission (CQC). A CQC Compliance Manager had been employed to ensure the service was compliant in respect of each area of the assessment framework and to assist the service in achieving the best judgement/rating possible.

A new incident mapping process had been developed, meaning a full investigation would be conducted to determine the reasons for each incident and any findings would be utilised to inform the training/development of staff members.

Members heard that there had been some community concerns regarding the location of the alcohol and drugs recovery hubs. However, work had been undertaken to effectively alleviate those concerns, and reduce the number of reported incidents, by holding regular meetings with ward councillors and other key partners. It was highlighted that engaging and working with local communities was of the utmost importance.

It was referenced that the action plan update, which had been circulated with the agenda pack, provided a detailed account of the work that had been undertaken by Public Health South Tees to implement the recommendations of the Health Scrutiny Panel, following its review of Opioid Dependency - What Happens Next?

In terms of recommendations m), n) and o), the Medicine Optimisation Pharmacist advised that:

- To ensure the patients registered with Foundations continued to access primary medical care services, the ICB had undertaken work to ensure all patients registered for GP services were allocated to an alternative practice.
- In terms of opioid prescribing for pain management, in 2021/22 work had been undertaken across the Tees Valley to determine the levels of prescribing and education sessions had been undertaken with GPs and practice-based pharmacists to identify those patients who would benefit from opioid reduction. As a result, the levels of opioid prescribing had reduced across the Tees Valley, particularly in Middlesbrough. It was explained that the latest data indicated a reduction of 42% in high dose opioid prescribing across the Tees Valley and 25% nationally. It was explained that although prescribing across the Tees Valley was decreasing at a greater rate, the rate of high dose opioid prescribing remained higher in the Tees Valley, than nationally and there was still work to do. It was envisaged that during the coming year, targeted visits to GP practices would be undertaken and additional education sessions would be undertaken.

The Mayor commented that some of Middlesbrough's residents were taking small amounts of methadone and living fulfilling lives but were still accessing the Substance Misuse Clinical Prescribing Service. It was commented that work had now been undertaken to enable those residents to stop taking methadone. Members heard that, previously, high doses of methadone had been prescribed without reduction planning to lower doses. Recovery was very much a focus of the in-house Substance Misuse Clinical Prescribing Service. The importance of extending the health offer for those requiring alcohol and drugs support, was highlighted, to ensure a bespoke package of support could be tailored to meet and address an individual's needs.

A Member raised a query in respect of the location of services. In response, the Head of Health Inclusion advised that previously, the predominant offer of support had been delivered by Foundations on Acklam Road and the MACE on Ayresome Green Lane, meaning that residents living in other areas of the town had been required to travel to receive support. Now, the main site offering support was located in Middlesbrough East, which was the area where the majority of service users resided. It was explained that Live Well East, Live Well West and Live Well South were located in hot spot areas where there were high levels of substance misuse. The current offer provided enhanced geographical coverage of support. The Mayor commented that additionally, work was being undertaken to move the Live Well Centre, currently located in Dundas House, to the Cleveland Centre.

A Member raised a query regarding aftercare for those who had previously accessed the in-house Substance Misuse Clinical Prescribing Service. In response, the Head of Health Inclusion advised that Recovery Connections had been commissioned to provide ongoing support for those recovering from drug addiction. It was explained that Recovery Connections offered peer led support and lived experience activities and initiatives. It was highlighted that lived experience ambassadors helped clients through their recovery journey, free from stigma or discrimination.

It was highlighted that Recovery Connections had undertaken work that had resulted in Middlesbrough being hailed, nationally, as an exemplar for the Inclusive Recovery Cities Initiative. Inclusive Recovery Cities was an approach which aimed to support communities and individuals affected by addiction, emphasise the positive value that people in recovery had to wider society and remove the shame and stigma around addiction.

The Head of Health Inclusion commented that funding had been secured to expand the Live Well East offer and make better use of the building. The investment would enable development of a holistic offer, which planned to provide two dedicated spaces, one for opioid prescribing and the other for alcohol support.

A discussion ensued and concerns were raised regarding the availability of strong and cheap alcohol to vulnerable cohorts in the town, particularly super strength cider. The Mayor commented that work was being undertaken with the Council's Licensing Committee, with an aim to try and legislate against that, with the development of an enhanced trading standards offer for those premises that serve vulnerable cohorts. The Head of Health Inclusion advised that in terms of treatment for substance misuse, detoxification was followed by primary and secondary residential rehabilitation. Whilst the detoxification removed the physical dependency, the rehabilitation focussed on the addressing the psychological and social effects of drug and alcohol dependency. In addition to developing an enhanced trading standards offer, the importance of providing people with the tools and coping strategies to make informed choices was highlighted. It was explained that work was being undertaken to support key partners to gain Registered Social Landlord status, as the lack of decent accommodation was the most significant barrier to making and sustaining positive behavioural changes.

A Member requested information and data on those local areas where prevalence of alcohol and drug use was high. The Head of Health Inclusion confirmed that the requested information would be circulated to the scrutiny panel.

## **AGREED**

**That the information presented to the scrutiny panel be noted.**

Members were invited to consider, discuss and agree the draft terms of reference proposed for the review of Avoidable Deaths and Preventable Mortality, which had been circulated with the agenda papers for the meeting.

## **AGREED**

**That the terms of reference be agreed as follows:**

- 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.**

23/38

## **OVERVIEW AND SCRUTINY BOARD - AN UPDATE**

The Chair explained that at the meeting of the Overview and Scrutiny Board, which was held on 18 January 2024, the Board had considered:

- the Executive Forward Work Programme;
- the scrutiny feedback on the Budget Consultation; and
- information on Phase Two of the Local Government Ward Boundary Review.

In addition, Members heard that at the meeting on 7 February 2024, the Board had considered:

- the Executive Forward Work Programme;
- an update from the Executive Member for Environment;
- an update on the Boundary Review 2023/24;
- the OSB Work Programme; and
- updates from the Scrutiny Chairs.

## **NOTED**

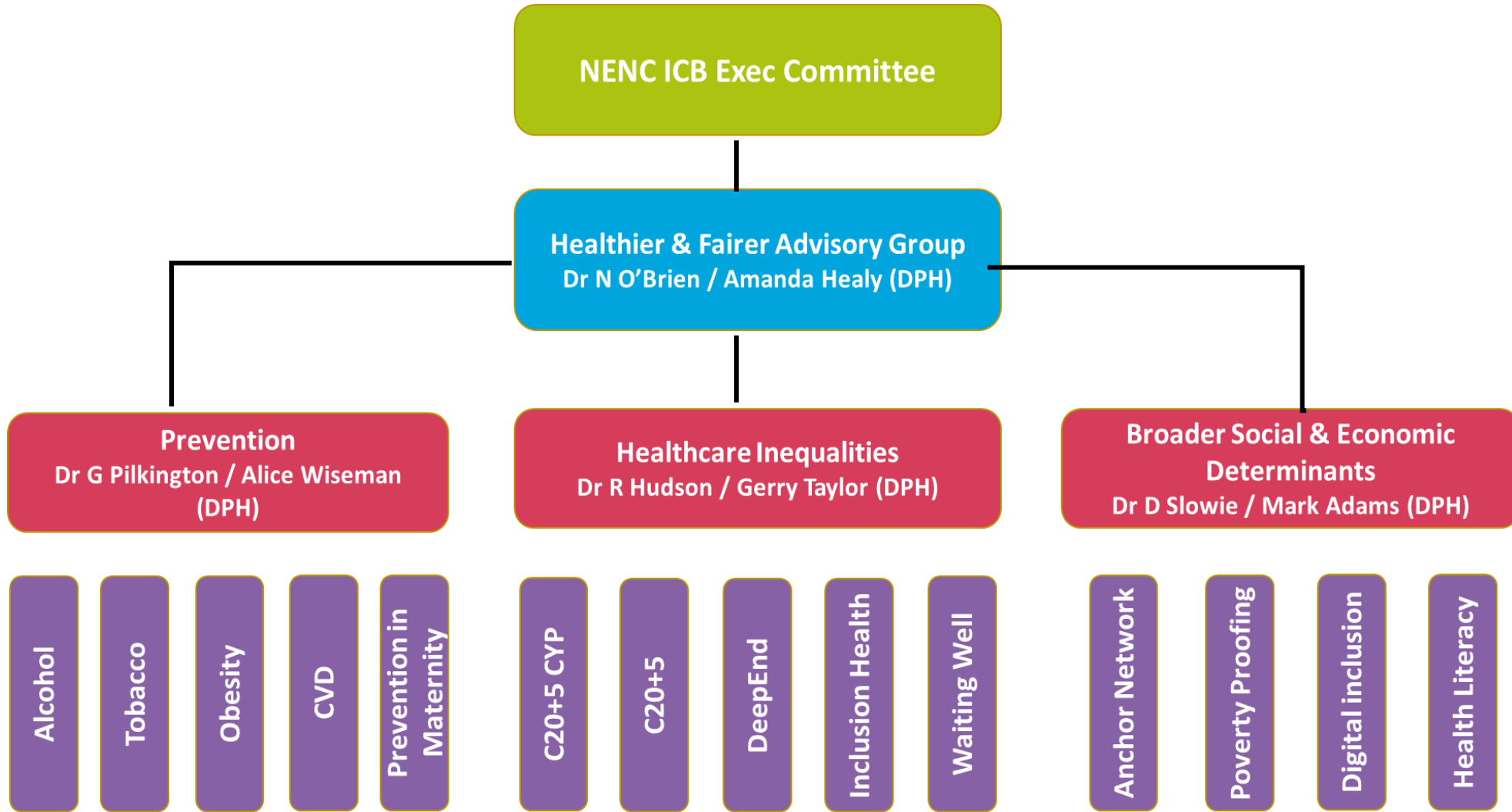


# NENC Healthy & Fairer Programme

## Middlesbrough Council Health Scrutiny Panel

19<sup>th</sup> March 2024







# Our Programme Approach

## Principles

- **partnership with place, building on the work of local health and well-being boards**
- **biggest impact**
- **strongest evidence base**
- **doing things once, the benefit of at-scale working**
- **NHS contribution to prevention, healthcare inequalities, and the broader socioeconomic determinants of health**
- **Leadership, Collaboration and Advocacy**

## Funding

- **ICS agreed continuation of ring-fenced Health Inequalities funding**
- **Receive Service Development Funding and Northern Cancer Alliance contribution**
- **NECS Transformation fund**



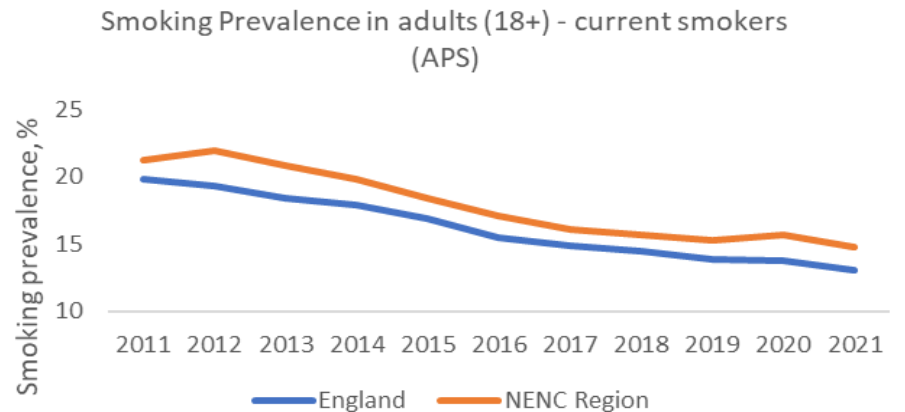
# Prevention Workstream: Smokefree and Tobacco Dependency

A whole system, partnership approach:

- Tobacco Treatment Dependency Service in all NENC Foundation Trusts Alcohol, Let's Talk Campaign
- Population health-based media campaigns
- ICS support for consultation – tobacco reduction

Page 10

- Biggest reduction in smoking prevalence in any region
- Consistently gain the highest public support for more action



# Prevention Workstream: Alcohol

Building a social movement to reduce alcohol harm and increase awareness of alcohol risk and support for action, identifies those at risk and support for action, and those with problematic alcohol use and dependence

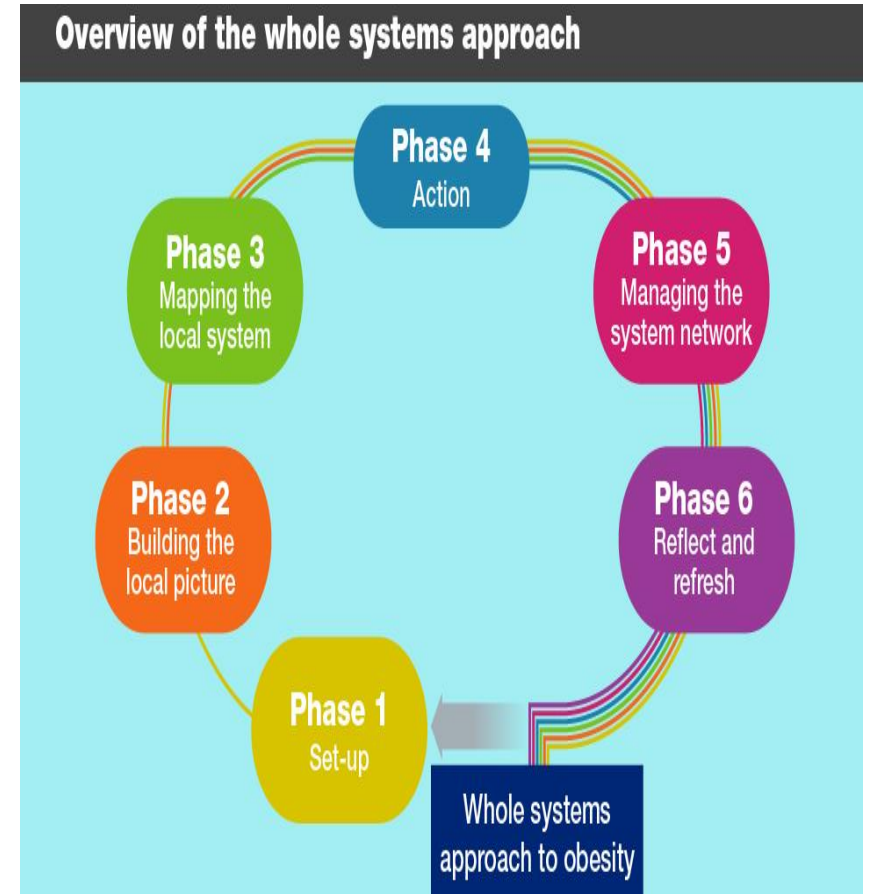
1. Alcohol Care Team Plus into all NENC Foundation Trusts via NHSE
2. Prevention funding of NENC Health Inequalities funding
2. Our 'Plus' – Recovery Navigators bridging the gaps between secondary care and the community
3. Alcohol, Let's Talk Campaign
4. Drink Coach Staff Support Offer
5. Programme of Alcohol Studies
6. Fibroscan Pathway Development



# Prevention Workstream: Healthy Weight and Treating Obesity

- Commitment to Developing a Whole System Approach
- Tier 3 Weight Management Services development
- Injectables Pilot
- Digital Weight Management Approach

Page 12



# CVD – InHIP

- Health Innovation NENC (formerly AHSN) have led a project in Middlesbrough following national Innovation for Healthcare Inequalities Programme (InHIP) funding
- The programme identified 3 CORE20 communities
  - Black Africans
  - South Asians
  - Underserved indigenous white groups
- Working with these communities the project was co-designed to increase engagement with CVD risk assessment, and support people in modifying health behaviours and access to treatment
- The project has been delivered in collaboration with Teesside University Sports Science Department and the Middlesbrough Football Club Foundation, though the use of a health bus to target health checks in local community hubs with relevant community partners
- This has included Black African churches, South Asian women's groups (Nur Fitness), within deprived wards in Middlesbrough, and outside the Riverside Stadium on match days
- The project is on track to have engaged over 400 residents that would not otherwise have accessed screening



# Deep End Network



- A network of GP practices working within areas of blanket deprivation, where 50% or more of the practice list live within the 15% most deprived LSOAs as measured by the Index of Multiple Deprivation
- For 24-25 this includes 14 Middlesbrough practices out of a total of 52 across the ICS
- Projects that will be supporting Middlesbrough practices in 24-25 include
  - An immunisation catch-up team to support low uptake of pre-school immunisations, providing additional clinics or home visits (currently underway)
  - An opioid and gabapentinoid deprescribing project for people waiting surgery (in collaboration with the Waiting Well Project)
  - The allocation of funding for each Deep End practice to employ / commission a dedicated link-worker (not shared across the PCN) to address the Social Determinants of Health that the practice has identified
- The project also provides opportunities for practices to become a training practice to increase GP recruitment, support networks for admin and nursing staff working in Deep End Practices, and researcher-led patient and community engagement for patients of Deep End Practices

# CORE20Plus5

The programme supports work being led by NENC Clinical Networks and partner organisations across the 10 clinical pathways within the 2 frameworks, with a focus on narrowing the inequality gap experienced by the most deprived communities

## Adults

1. Maternity – ensuring continuity of care
2. Severe Mental Illness – ensure annual physical health checks
3. Respiratory Disease – driving uptake of COVID, flu, and pneumonia vaccination
4. Early Cancer Diagnosis – ensuring 75% of cases are diagnosed at stages 1&2
5. CVD – hypertension case finding and lipid optimal management

## Children & Young People

1. Asthma – reducing reliance on reliever medication
2. Diabetes – increase access to real-time continuous glucose monitors and insulin pumps
3. Epilepsy – increase access to nurse specialists, especially in the first year of life for children with autism and/or a learning disability
4. Oral health – address rates of tooth extractions in those under 10
5. Mental Health – improve access rates to services for children 0-17



# Inclusion Health Project

- Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma
- The programme is developing a NENC Approach to Inclusion Health to identify and support people from these communities that suffer inequalities in terms of access, uptake, experience, and outcomes of healthcare services
- The approach is being developed within the ICB in collaboration with Directors of Public Health, Healthwatch, Foundation Trusts, and VONNE
- There are 16 recognised inclusion health groups within scope of the approach, which include;
  - Veterans and service personnel
  - People who experience or at risk of homelessness
  - People with experience of the care system
  - People in contact with the justice system
  - Gypsy, Roma, and Traveller community
  - Sex workers
  - Migrants and refugees





March 2024  
Dr Michelle Stamp  
Consultant Public Health

Page 17

# Reducing Health Inequalities in South Tees NHS Hospitals Foundation Trust

Middlesbrough Council Health Scrutiny Panel  
19<sup>th</sup> March 2024



**Unfair and avoidable** differences in health across the population, and between different groups within society

Arise because of the conditions in which we are born, grow, live, work and age

Result in poor health being experienced from a younger age, at a higher intensity for a greater proportion of life and ultimately in premature death

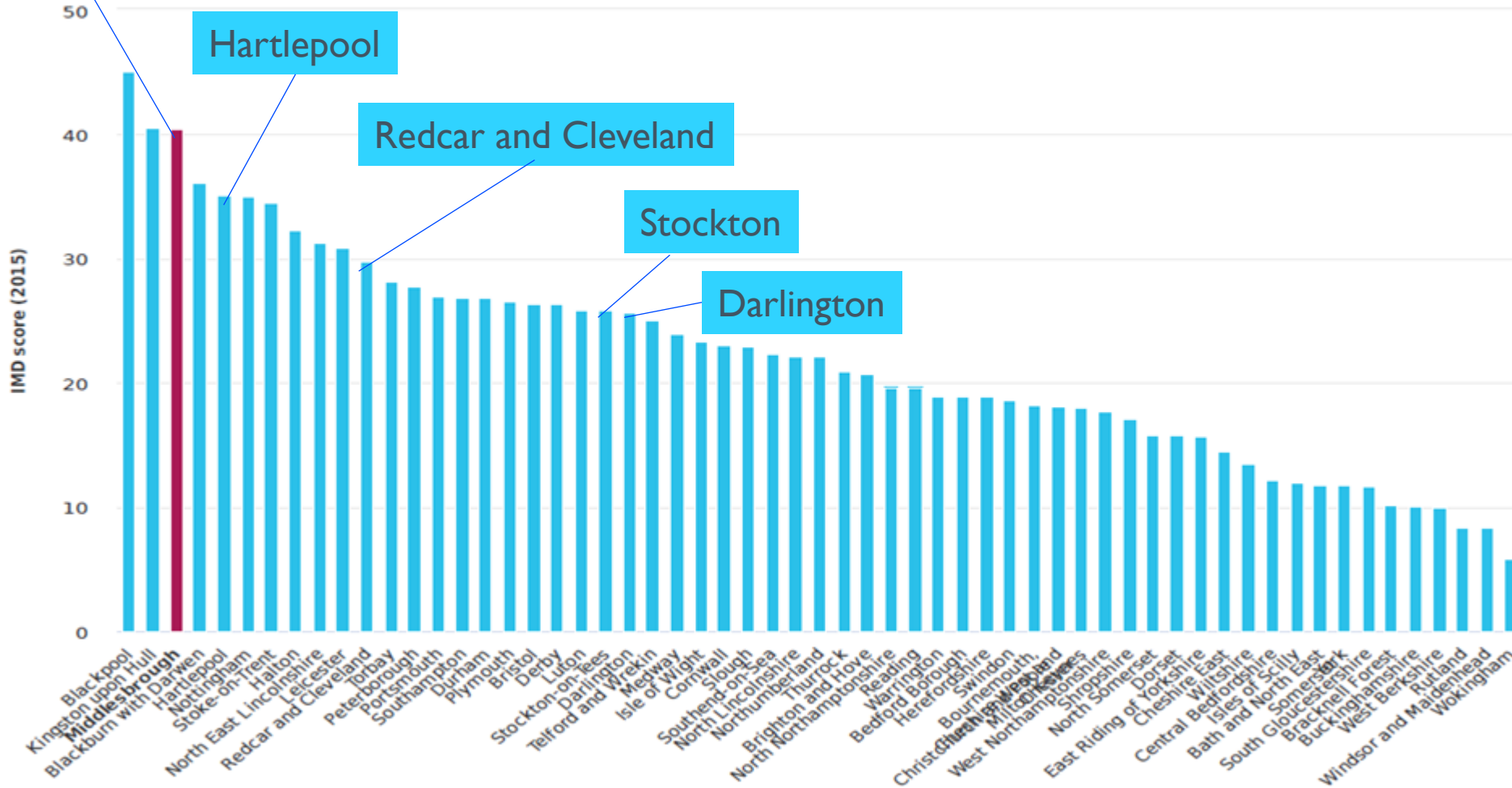


# Deprivation across our population (2019)



Middlesbrough

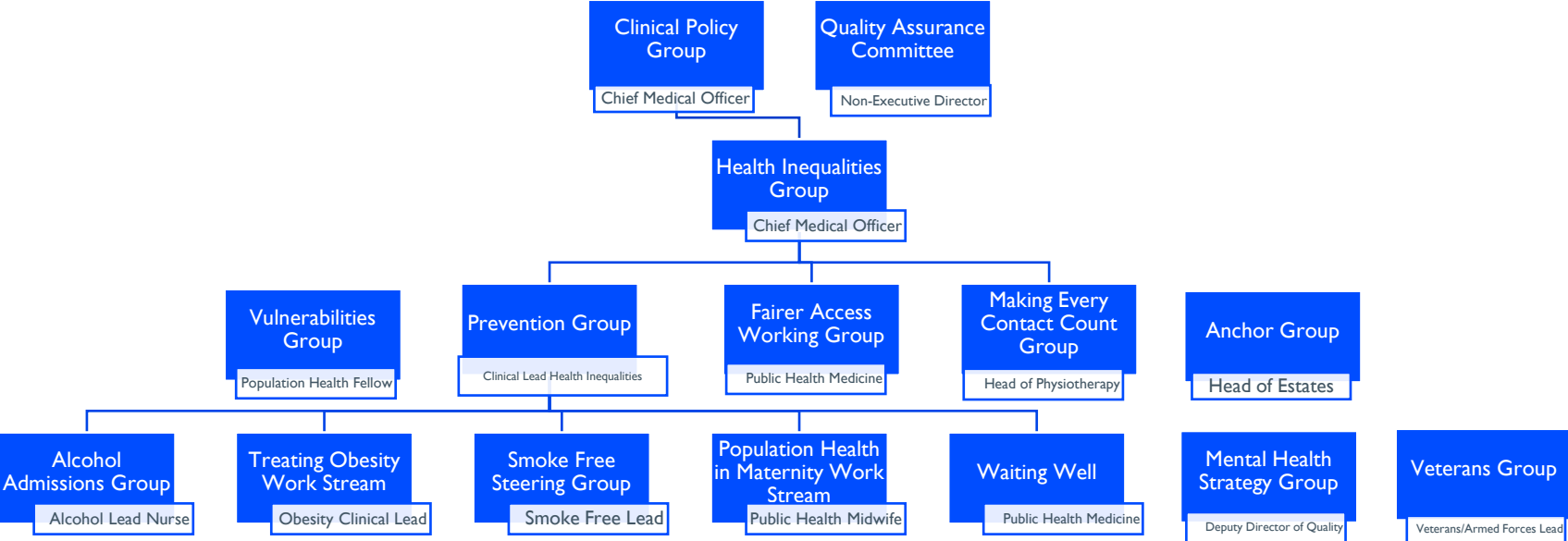
Page 19



# Health Inequalities - South Tees Foundation Trust Governance Structure



Page 20



## South Tees Health Inequalities Group - Workstreams

- 1) Understanding inequalities in our organisation
- 2) Addressing inequalities in access, experience and outcomes
- 3) Opportunities for preventative programmes
- 4) Identifying and addressing social determinants of health
- 5) Looking after the workforce/what are the inequalities in our workforce
- 6) Partnership working – to reducing health inequalities
- 7) Strengthening our role as an anchor institution



# Understanding Health Inequalities



Equality\_dash

Pages: Summary\_JMD, DNA/WNB characteristics, DNA/WNB map

### DNA/WNB rates by clinic

Filters: Hospital, Collab, IMDq, Ethnicity, Age\_band, Specialty

Clinic	Seen	DNA/WNB	Rate
NRM NUF NURSE M DAILY BLOOD	1168	602	34.0%
NRM CNF LANJ M GENERAL PAEDS	248	94	27.5%
NRM NUF NUR N TB PAEDS	212	171	11.3%
NRM CNX JOSS M COMM			
NRM NSF NURSE M DIAB			
NRM CNF LALM R NEON			
ADH CNF ABEF M ADHOC			
NRM CNF THWR M TUEP			
NRM NUF NURSE M NUR			
NRM CNF DOUS M COMI			
NRM CNF PRAL M GENEF			
NRM CNF BURM M DIABI			
NRM CNF WILLJ M PAED			
NRM NUF NURSE R ASTH			
NRM CNF WILLJ R TUEP F			
NRM CNF WYLJ M CARDI			
NRM CNF PRAL M CARDI			
NRM CNF RAZD M GENE			
ADH NUF NUR N TB PAEF			
NRM CNF SAIG M GEN P/			
NRM CNF HEGB M PDU			
NRM CNF TUDM M WESA			
<b>Total</b>			

Page 22

Equality\_dash

Pages: Summary\_JMD, DNA/WNB characteristics, DNA/WNB map

### DNA/WNB rates by postcode

Filters: Hospital, Collab, IMDq, Ethnicity, Age\_band, Specialty

Map locations: Durham, Easington, Peterlee, Wingate, Haughton, Carew, Marske, the Sea, Ingleby, North York Moors National Park, Robin Hood's Bay, Ravenscar, Staintondale, Haugker.

Legend: Bubble size indicates number of appointments, depth of colour indicates DNA/WNB rate (pale blue < 10%, mid blue 10-19%, black > 20%)

# Understanding inequalities in our organisation

- Health Inequalities dashboard has been developed - Focus on patients who DNA/WNB for their outpatient appointment.
- **Analysis shows there is a clear and significant social gradient in access to all Trust outpatient services.**
- The most deprived populations are twice as likely to be unable to attend as the least deprived (16% and 8%)

## There is inequity of access to Trust services between white and non-white populations

- DNA/WNB rate for all non-white persons is 15% compared with 12% for white
- For Southern Asian people (our main non-white group), there is a less marked social gradient with high rates across all quintiles (this means ethnicity impacts on access to services in even the most affluent groups)

## There are marked differences in attendance between age groups which affects all specialties

- Children under 4 are least likely to be brought to appointments
- Older people over 60 are significantly more likely to attend than other age groups
- The rate of 'was not brought' is 23% in the most socially disadvantaged children
- *Working group set up to further expand the dashboard – this will include additional indicators required by NHSE and will include key clinical areas set out core20plus5 as well as the collation of data by inclusion groups*
- *Plan to roll this out to collaboratives*



# Addressing Inequalities in access, experience and outcomes

## DNA/WNB Pilot

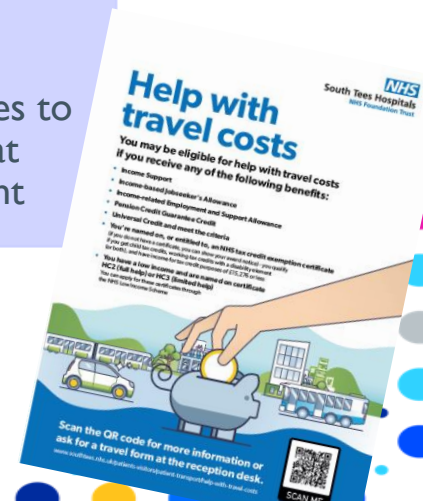
- DNA/WNB Pilot focusing on paediatrics, maternity and LD patients from decile one across selected clinics
- Contact patients via telephone 2 weeks prior to their appointment to confirm awareness of appointment/identify barriers to attending.
- Support offered to attend includes (hospital transport, travel costs, translator, rearrange date, location or type of appointment)

## Qualitative Maternity

- Exploring experiences, perceptions impacting ethnic minority pregnant women in relation to access, experience and outcomes of their maternity care
- Collaboration Teesside Uni, maternity voices partnership, maternity dept
- Interviews/focus groups to gather insights into barriers, challenges to not seeking antenatal care

## Travel Reimbursement Scheme

- Poster developed for trust reception areas - raising awareness of the travel reimbursement scheme for patients
- Link travel reimbursement scheme on hospital website
- Information of the travel reimbursement scheme to be provided by GPs on referral
- Looking to work local travel company to obtain travel passes to address the need for those that require money to travel upfront





# Prevention workstream – Trust role in preventing ill health

## Tobacco Dependency Service

- Aim – all people admitted to hospital who smoke will be offered NHS funded TTS.
- Since Sep 22 -1613 inpatients reviewed, 1545 (95.79%) were smokers, with 558 (36%) accepting support and 241 (15.6%) referred to community SSS
- Introduced mandatory smoking field in EPR for in patients – triggers automatic referral to TDS, now live on 15 wards
- Vaping policy in development for staff and patients on site
- All staff now on permanent contracts to ensure sustainability of service
- Smoking at time of delivery rate in South Tees is higher than England, however since introduction of TDS in Maternity significant decrease from 12.4% in March 22 to 10.7% Dec 23
- During 2023 – 413 referrals with 153 women engaging. Since Jan 23 - 45 babies born into smokefree home, -
- Successful incentive scheme in place, offering successful quitters max £380 Love to Shop vouchers across the course of the pregnancy
- Successful bid to NENC – offer vapes to women and partners as aid to quit increase quit rates

## Alcohol Care Team

- Aim – provide specialist alcohol care for patients with alcohol dependence – demonstrate admission avoidance, reduce length of stay, improve management of withdrawal, increased trust wide expertise and training, early identification of risky levels provide IBA
- In first year, ACT – 694 referrals from ED and 614 referrals from in patient most are dependant drinkers (however, this is only a fraction of those attending with alcohol related issues)
- Once AUDIT C is fully implemented across Trust to identify those drinking at risky levels – referrals will dramatically increase
- Team working with IT re mandatory alcohol field AUDIT C questions to trigger referral to ACT
- 7 day service 08:00- 20:40
- ACT funded until 24/25 via ICB – Risk to system if team is not mainstream funded beyond 2025
- Next steps – service review/develop new model/vision for ACT



# Prevention workstream – Trusts role in preventing ill health

## Public Health in Maternity

- **Healthy Weight** clinic JCUH/ Friarage all pregnant women - BMI over 40. Healthy lifestyle/diet advice given to keep weight between 5-7kg
- Dedicated **vaccination** nurse JCUH/work with PHST to increase education/uptake of vaccines in pregnancy (total vaccines given during 2023 Flu – 898, Pertussis 2271)
- **Mental Health** – Successful bid secured funding for Maternal Mental Health service. WTE midwife & PT Psychologist in post
- **Contraception** embedded in postnatal care – Midwives/maternity nurses trained to fit postnatal implants. Doctors trained to fit coils post birth – robust follow up service in place with sexual Health (Total numbers fitted since May 2023, Coils 56, Implants 82)
- **Cervical Screening** drop-in clinic held at Friarage for staff/public – through advertising on Trust social media – 32 people drop in for first time/overdue screening. Many unable to get app at GP
- **Poverty proofing** work underway - booking pathway, this will involve **Health Literacy**

Page 26

## Obesity

- Work is underway to carry out healthy weight mapping exercise includes promoting healthy workplaces – offer for staff, providing weight management programmes, physical environment, access to green spaces, enabling active travel and public transport, preventing obesity in children and families
- Exploring Active Hospital Approach – set up a working group with Trust staff and external partners to support an approach – Tees Valley Sport, You've got this, ICS Obesity lead, Clinicians, HR
- NENC ICS Obesity Lead – Clinical Lead Healthy Weight/Treating Obesity – STFT Consultant
- STFT Tier 3 Specialist Weight Management service for 1500 patients per year, Children with excess weight service in paediatrics and tier 4 bariatric surgery service
- STFT Successful NHSE Wygovy pilot



# Work with Inclusion Groups - High Intensity User Key Worker



## High Intensity Use

- NHSE – use of healthcare more than, or differently than expected
- Present to ED five or more times within a year
- HIU significant impact across non elective care pathway
- Ambulance arrivals at ED,
- Visits to ED
- Emergency admissions,
- Inpatient bed days
- Estimated annual £2.5 billion cost

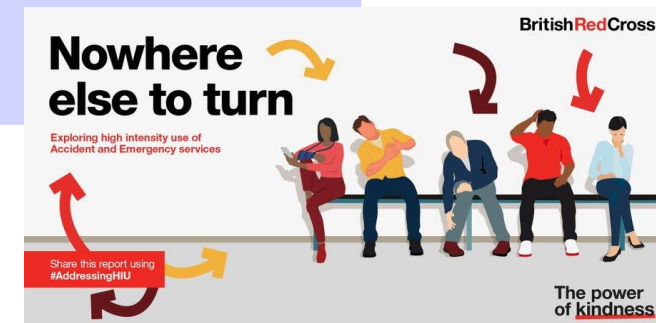
## Who are our High Intensity Users? (Nov 22 – 2023)

- 1,446 individuals
- 11,330 attendances
- 5-66 attendances
- Clear link with HI – 55% of individuals in the 10% most deprived IMD deciles
- Two peaks age 20-29 and >70yrs
- Poor physical & mental health
- Substance misuse
- Involvement with criminal justice system
- ACEs
- Female 50.9%, Male 49.1%
- 89.5% White British

## STFT HIU Service

- Dedicate keyworker (changing futures)
- Analyse local data to identify target group – top 50 attenders
- Non-medical approach focus on social, practical and emotional support
- Potential impact
- Over 100 HIU programmes across England
- 58% reduction in ED attendance
- 67% reduction in non-elective admissions
- 71% reduction in ambulance conveyances
- £432,000 system savings

Page 27



# Work with Inclusion Groups -High Intensity User Key Worker



## Hospital Navigator Project

- Violence is a major cause of ill health and poor wellbeing, - strongly related to inequalities
- CURV – commissioned STFT to develop hospital youth intervention programme to support/divert YP involved in crime
- Aim to support patients admitted with violent related injuries by addressing changeable risk factors
- Using mentoring, counselling, onward referral to community services, to help reduce violent re-injury, death, arrest etc.

## Serious Violence Reduction Navigators

- 2 WTE navigator posts
- Work across Children/Adult ED - aligned with ACT
- Focus YP aged 10 – 25 presenting at A&E/admitted with injuries that are result of violence
- On call between 7am – 10pm provide reactive post incident support

## Next Steps...

- New vulnerabilities group established in the Trust
- Aim to co-ordinate/implement the 3 navigator workstreams HIU, Violence & ACT
- Development of ED Dashboard look at what metrics to incorporate into one dashboard to support the workstream



# Addressing wider determinants- Making Every Contact Count

MAKING  
EVERY  
CONTACT  
COUNT

Established MECC Working Group/ Developed Trust wide Communications plan

Trained over 200 staff across the organisation in MECC so they can now support patients around wider determinants of health

Collation of MECC case studies/examples of good practice/evaluate MECC

Developed trust wide MECC resources in patient facing areas

STFT MECC regional training film - smoking maternity

MECC is now part of the trust induction process, Health & Wellbeing Board for staff

Official Launch 14<sup>th</sup> Jan 2024 – Collaboration between Trust, SERCO, PH – visited 49 areas, including outpatients, wards, reached most MDT teams nurses, HCA, porters, domestic staff, medics, AHPs, pharmacy, senior managers, chaplaincy and visitors passing through atrium

Page 29







MY NAME IS: \_\_\_\_\_

Late something healthy in my meal

I swapped a sweet treat for a healthy one

I slept for 8-10 hours

I got active outside

I brushed my teeth for two minutes twice a day

I swapped a fizzy drink for water

MOBDAY

1 2 3 4 5 6 7 8 9 10 11 12

rccoa.ac.uk/childrensinfo

**RCOA TAKE THE A-TEAM CHALLENGE AND GET READY FOR YOUR OP!**

Get your patient operation ready with Dennis and Graeber's 'Up and Away' challenges. Complete some or all of the challenges below to get an exclusive A-Team sticker from your hospital! Reward chart info here: [rccoa.ac.uk/dennis-has-anaesthetic](http://rccoa.ac.uk/dennis-has-anaesthetic)

**DENNIS HAS AN ANAESTHETIC!**

**BEANO!**

**THE A-TEAM!**

**BLAM!**

Healthy diets include five portions of fresh vegetables and fruits every day.

Everyone likes a treat but try to eat fewer foods which are high in fat and sugar like crisps, sweets and sugary drinks (including juice).

Try to swap some treats for healthy snacks and water.

Healthy diets include five portions of fresh vegetables and fruits every day.

Everyone likes a treat but try to eat fewer foods which are high in fat and sugar like crisps, sweets and sugary drinks (including juice).

Try to swap some treats for healthy snacks and water.

Use the timer on your phone or put a clock in your bathroom to make sure you clean them for long enough.

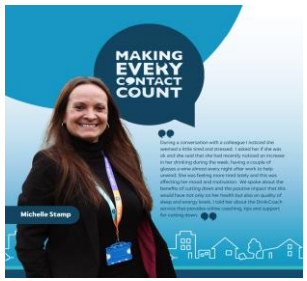
Remember to see your dentist regularly so they can check all your hand work!

Do star jumps, dance to music, play outside with friends, or walk to school. It doesn't matter what you do as long as you are active every day for at least an hour.

Moving around so much as possible can help you maintain a healthy weight, give you more energy and lift your mood.

Check with your hospital if they are taking part in the Beano Challenge. Unfortunately, the RCOA won't be able to post stickers out to you. All your own hospital can't be responsible for any of the stickers and other associated items. Please ask Dennis how to proceed.

rccoa.ac.uk/childrensinfo



**NHS South Tees Hospitals NHS Foundation Trust**

**MAKING EVERY CONTACT COUNT**

What opportunity do you have to Make Every Contact Count today?

Stopping smoking	Keeping active	Eating healthy
Looking after mental health	Domestic Violence	Finances
Carers	Social Isolation	Affordable Warmth



The smallest changes can make the biggest difference

[www.meccgateway.co.uk/nenc](http://www.meccgateway.co.uk/nenc)

**Safety and Quality First**

What opportunity do you have to Make Every Contact Count today?

**ASK - Take notice and engage**

**ASSIST - Provide health information**

**ACT - Signpost to a local service**

[www.meccgateway.co.uk/nenc](http://www.meccgateway.co.uk/nenc)

# NHS as an Anchor Institution-progress to date...



Executive Anchor leads identified across Trust; Anchor group chair agreed (Head of Estates)

ICS Health Anchor mapping questionnaire completed

Responses mapped against 4 pillars

Widening access to good employment, apprenticeships

Using buildings and estates to support local health & communities

Contracting for local benefit & social value

Leadership & partnership working

Mapping - identified areas of good practice and gaps requiring further development.

Widening access to employment – STFT runs successful prospect programme led to 82% success rate of participants gaining employment within 6 months, they also offer social mobility schemes for YP from disadvantaged backgrounds as well as a range of outreach activities into disadvantaged communities.

Green Plan - waste, clean air through provision of electric vehicle charging points, DR bike, staff shuttle bus across sites

Procurement – recent activity looked at food suppliers – highlighted vast majority of food is sourced locally in NE

## Next Steps

Identify gaps and priorities for action/collaboration

Deliver collaborative projects through shared resources and a common approach

Align with NENC ICS priorities

Develop Tees Valley anchor network, complete baseline assessments across all anchor institutions, develop set of metrics.



This page is intentionally left blank