

MIDDLESBROUGH COUNCIL

HEALTH SCRUTINY PANEL

Setting the Scrutiny Panel's Work Programme 2022/23

21 JUNE 2022

PURPOSE OF THE REPORT

1. To invite the Health Scrutiny Panel to consider its work programme for the 2022/23 municipal year.

BACKGROUND

2. At the start of every municipal year, scrutiny panels discuss the topics that they would like to review during the coming year.
3. Work programmes are useful as they provide some structure to a scrutiny panel's activity and allow for the effective planning and preparation of work.
4. As part of the process for establishing the work programme, support officers gather information/views from a number of sources. Below is a list of topics which are anticipated to be of particular interest to the scrutiny panel. Members are advised that the list of possible topics is not exhaustive and that additional topics can be added and considered at the scrutiny panel meeting.

Topic carried over from 2021/22

- **Health Inequalities** (the Draft Final Report is scheduled to be considered by the scrutiny panel at its July meeting).

Topics agreed in 2021/22, which have not been investigated

- **PFI schemes at James Cook University Hospital**
- **Women's Health and Infant Feeding**
- **Dental Health**

Topical issues

Topic	Details
Delivery plan for tackling the COVID-19 backlog of elective care	<p>Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment.</p> <p>The COVID-19 pandemic has had a significant impact on the delivery of elective care, meaning that many patients are now waiting longer for treatment than they were before the pandemic began. Local systems are working incredibly hard</p>

	<p>to recover elective services as quickly as possible. However, recovering and transforming the way the NHS delivers planned care is going to require a huge, collective effort from a range of key partners across the system.</p> <p>The NHS Plan for tackling the COVID-19 backlog of elective care focuses on four areas of delivery:-</p> <ul style="list-style-type: none"> • Increasing health service capacity, through the expansion and separation of elective and diagnostic service capacity. • Prioritising diagnosis and treatment, including a return towards delivery of the six-week diagnostic standard and reducing the maximum length of time that patients wait for elective care and treatment. • Transforming the elective care is provided; for example, by reforming the delivery of outpatient appointments, making it more flexible for patients and driven by a focus on clinical risk and need, and increasing activity through dedicated and protected surgical hubs. • Providing better information and support to patients, supported by better data and information to help inform patient decisions, and in time, making greater use of the NHS App to better manage appointments, bookings and the sharing of information. <p>Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)</p>
<p>The Khan review: making smoking obsolete</p> <p>The ‘smokefree 2030’ target is defined as 5% smoking prevalence or less in England.</p>	<p>A new review has been published setting out a raft of recommendations to support the government to meet its smokefree ambition by 2030 and tackle health disparities to level up the health of the nation.</p> <p>Almost 6 million people in England smoke and tobacco remains the biggest cause of preventable illness and death.</p> <p>Tackling tobacco use and supporting smokers to quit would help prevent 15 types of cancers – including lung cancer, throat cancer and acute myeloid leukaemia – a key objective of the NHS Long Term Plan. Recent data shows 1 in 4 deaths from all cancers were estimated to be from smoking.</p> <p>The independent review found smoking causes a disproportionate burden on the most disadvantaged families and communities – at its most extreme, smoking prevalence is 4.5 times higher in Burnley than in Exeter.</p> <p>Smokers in the most deprived areas of the country spend a</p>

	<p>higher proportion of their income on tobacco. The average smoker in the North East spends over 10% of their income on tobacco, compared to just over 6% in the South East.</p> <p>In an attempt to protect the population from the harms of smoking, the 4 key interventions highlighted by Dr Khan in the review are:</p> <ul style="list-style-type: none"> • increased investment of an additional £125 million per year in smokefree 2030 policies, with an extra £70 million per year ringfenced for stop smoking services • raising the age of sale from 18 by 1 year every year, until eventually no one can buy a tobacco product in this country • promotion of vapes as an effective ‘swap to stop’ tool to help people quit smoking • improving prevention in the NHS so smokers are offered advice and support to quit at every interaction they have with health services <p>The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)</p>
<p>Mental Health Care of Children and Young People post COVID-19</p>	<p>As highlighted the CQC’s State of Care report 2020/21 report, the pandemic has had a significant impact on the mental health of children and young people. Data from Childline showed that between April 2020 and March 2021, the service carried out more than 73,000 counselling sessions about mental and emotional health. Of these, more than 5,000 were for children aged 11 or younger. This was an increase of nearly a third (29%) compared with the year before.</p> <p>The CQC’s findings are supported by NHS Confederation’s report Reaching the tipping point, which suggests that 1.5 million children and young people may need new or additional mental health support as a result of the pandemic. It highlights the uncertainty and anxieties caused by the lockdowns, the closure of schools, isolation from peer groups, bereavement, and the stresses and pressures on families as contributing factors to rises in mental health problems in children and young people.</p> <p>While nationally referrals to child and adolescent mental health services (CAMHS) initially fell in the early stages of the pandemic, all the areas looked at by the CQC reported that they had seen an increase in demand for children and young people’s mental health services in 2021. This corresponds with the national picture as well. As well as a rise in the number of referrals to CAMHS, the CQC heard there had been an increase</p>

	<p>in the number of children and young people presenting to emergency departments with mental health needs. In some cases, there has been an increase in children and young people presenting with thoughts of suicide.</p> <p>These concerns are echoed in a June 2021 report by the Samaritans. ‘One year on: how the coronavirus pandemic has affected wellbeing and suicidality’ which highlighted an increase in contacts with young people about using self-harm due to the pandemic. Increased family tensions, a lack of peer contact and negativity about their future prospects were cited factors that led to mental health problems worsening.</p> <p>Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic CQC Public Website</p>
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Suggestions

5. Suggestions from **Public Health** and **Tees Valley CCG**, reflecting priorities, key issues and future challenges will be conveyed at the meeting.
6. The following suggestions have also been received:

Suggestion	Details
British Sign Language Act 2022	<p>The British Sign Language Act 2022 recognises BSL as an official language of England, Scotland and Wales.</p> <p>Under the new law, the government must promote BSL and make it easier for people to use it in their dealings with government agencies.</p> <p>A key change that many deaf people would like to see is more money for more BSL interpreters, especially in public services such as the NHS.</p> <p><i>Suggestion from a Councillor</i></p>
Dental Health – Impact of Covid	<p>How has Covid-19 effected dental health in Middlesbrough as many people could not access dental care during the pandemic, this includes children.</p> <p><i>Suggestion from a Councillor</i></p>
Women’s Health	<p>It can women up to 8 years to get a diagnosis for pain related conditions, whereas men are diagnosed within a year of symptoms.</p> <p><i>Suggestion from a Councillor</i></p>
Accessibility to health care	<p>It must be highlighted that there are increasingly more experiences of people’s physical and mental health</p>

<ul style="list-style-type: none"> • GP access • The impact of cancelled or postponed ongoing treatments and operations • Mental health and access to support services 	<p>deteriorating as a result of the pandemic and lockdown restrictions continuing throughout the year lasting longer than may have been initially anticipated.</p> <p>The existing long waiting lists for appointments, treatments and operations has been impacted by the reduction of face-to-face opportunities, e.g. for appointments, booking systems and communication, by the delays in service delivery and, by the ever-increasing need for mental health support. These findings are echoed in the Healthwatch England report that collates national data, showing that these are national trends.</p> <p>GP Access, ongoing treatments and wellbeing</p> <p><i>Suggestion from HealthWatch</i></p>
<p>The Neurodevelopmental Pathway -</p>	<p>The Children's Autism Pathway was replaced from 1 April 2021. The new pathway is for children and young people aged 5 -18 years across South Tees.</p> <p>The new pathway is called The Neurodevelopmental Pathway because it covers autism and attention deficit hyperactivity disorder – A parent carers perspective – replacing the autism pathway</p> <p><i>Suggestion from HealthWatch</i></p>

7. It should be noted that the suggested topics outlined above are exactly that, suggestions. The content of the scrutiny panel's work programme is entirely a decision for the panel to make. When considering the work programme, the panel is advised to select topics that are of interest to it, as well as topics that the panel feels by considering, it could add value to the Local Authority's work.
8. In addition to undertaking the agreed work programme, scrutiny panels have also previously responded on an ad-hoc basis to emerging issues - such as considering relevant new legislation, guidance or Government consultation documents. This approach occasionally results in further topics being identified for investigation or review throughout the year.
9. On occasion ad-hoc scrutiny panels may also be established throughout the year to undertake additional investigations, for example to examine areas of work which overlap more than one scrutiny panel.
10. The scrutiny panel is also advised that, under the terms of the Local Government Act 2000, local authorities have a responsibility of community leadership and a power to secure the effective promotion of community well-being. Therefore, in addition to the scrutiny panel's generally recognised powers (of holding the Executive to account, reviewing service provision, developing policy, considering budget plans and performance and financial monitoring), panels also have the power to consider **any** matters which are not the responsibility of the Council but which affect the local authority **or** the inhabitants of its area. For example, nationally, local authorities have

undertaken scrutiny work on issues such as post office closures, rural bus services, policing matters and flood defence schemes.

Scrutiny work plan prioritisation aid

11. Members may wish to use the aid attached at **Appendix 1** to prioritise issues where scrutiny can make an impact, add value or contribute to policy development.

PURPOSE OF THE MEETING

12. The scrutiny panel is asked to consider and agree its work programme for the 2022/23 municipal year.
13. When considering its work programme, the scrutiny panel is asked to ensure that topics agreed for inclusion:
 - affect a group of people living within the Middlesbrough area;
 - relate to a service, event or issue in which the Council has a significant stake or over which the Council has an influence;
 - are not issues which the Overview and Scrutiny Board or the scrutiny panels have considered during the last 12 months;
 - do not relate to an individual service complaint; and
 - do not relate to matters dealt with by another Council committee, unless the issue deals with procedure.
14. It is suggested that the scrutiny panel has a mixture of working styles in its programme. This can include detailed and in-depth reviews, shorter topics, or one-off investigations.
15. Once the scrutiny panel has identified the areas of priority, support staff will draw those topics into a programme for approval by the Overview and Scrutiny Board.

RECOMMENDATION

16. That the scrutiny panel identifies two topics it would like to include in its work programme for 2022/23, for consideration/approval by the Overview and Scrutiny Board.

BACKGROUND PAPERS

17. Throughout the report, reference is made to information published by the Department of Health (DoH), the Care Quality Commission (CQC) and the Centre for Governance and Scrutiny (CfGS).

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